Western Pennsylvania
Hospital News
The region's only monthly healthcare report

PRSRT STD
U.S. Postage
PAID
Permit #12
Indiana, PA

Issue No. 8, 2012 $3.00

Inside ...

Endowments and Foundations Improve Quality of Life in Our Community

By Robert Fragasso

Many of us give money to causes and charities where we are passionate about the mission they fulfill. That funding usually goes directly to the daily operations of the charity and is crucial for the continued delivery of services. But those contributions do not enable beneficial new initiatives and programs. Let's differentiate that with some examples. A library works hard to fund its daily operations with contributions. But it lacks the money to provide early intervention reading programs in a low-income community. In another case, an animal shelter provides refuge for abandoned and abused animals and subsequently places them in appropriate homes. But it doesn't have money to create aggressive spaying and neutering programs in the communities to stem the overwhelming tide of puppies and kittens that are filling its cages.

So who or what provides the funding to do the strategic programs that speak to the heart of a charity's mission but aren't part of the daily work activity and are beyond the ability of routine contributions to maintain? The answer comes from two allied entities called foundations and endowments. A foundation is an organization that makes meaningful donations to charities to fund specific projects and programs as opposed to paying for daily operations. So a foundation may pay for the low-income neighborhood reading center or a mobile spaying and neutering van to go into the neighborhoods and provide that service at low or no cost to those who can't afford it. In both examples, it is hoped that the results will address common societal ills such as poverty, disease, abuse and neglect. Foundations don't often pro-

See **ENDOWMENTS** On **Page 11**

Things to Consider When Developing your Social Media Policy

By Anita M. Gavett, PHR

Social media can be a great business tool. It can strengthen your company brand and be a great recruiting tool. The internet and social media/networking have changed how people communicate and its growth will continue in our professional and personal lives.

Some Interesting Statistics on Social Media

- Facebook: 901 million active users; 1 in 7.7 people worldwide have a Facebook account; 488 million mobile users; 3.2 billion Likes and Comments posted daily; hosts 125 billion friendships; 300 million photos are uploaded each day; Facebook has 3,539 full-time employees.
- LinkedIn: (Professional business social network) 150 million users; 2 members join every second; 4.2 billion professional oriented searches in 2011; 36th most visited website in the world; over 2,116 employees.
- Twitter: over 465 million accounts; 175 million tweets per day; 1 million accounts added daily
- YouTube: 3rd most visited website; 2 billion views per day; average user spends 900 seconds per day; over 289,000 videos uploaded per day.

These statistics came from the www.jeffbullas.com website. Please visit the site for more interesting statistics on the use of Instagram, Pinterest, Google+ and other social media websites. The list of sites and blogs is endless.

Although there are many advantages of incorporating social

See **SOCIAL MEDIA** On **Page 12**

Future chief resident?

Someone just has to point her in the right direction.

When kids have mentors, they do better. Not only do they get better grades, they're more interested in school and their futures ahead.

Join us in the region's largest mentoring initiative and see that you're what a student needs to succeed. As a volunteer mentor, you'll meet with your 6th grader at a local city school once a week. And in that 45-minute session, you'll share stories, laugh and provide what a student really needs. A caring adult who can make a difference.

To learn more or sign up now, call 2-1-1 or visit bea6thgradementor.org.

be a 6thgrade mentor.org

Pittsburgh Public Schools · mentoring partnership · Youth Futures COMMISSION · United Way Allegheny County

5 Applications to Instantly Improve Your Blog

By Daniel Casciato

As a writer who often ghostwrites blog posts for clients, I'm constantly searching for better plugins to help improve their overall blog. Whether you use Wordpress or Blogger, or any other blogging software, there are thousands of wonderful applications available to improve your blogging experience — and more importantly, your readers. Below is a list of five of my favorite tools and applications which I frequently use for myself and my clients.

Sexy Bookmarks — to encourage the sharing of your blog posts and other content more easily among the readers and their social networks, I like to use Shareaholic's Sexy Bookmarks plugin. It's graphically appealing, it keeps a counter of the shares for other readers to see, and it's easy to install and use. (www.shareaholic.com)

Shareaholic Recommendations — this is another favorite Wordpress plugin of mine, again from the Shareaholic family. With Recommendations, you can increase your reader engagement and allow them to linger a bit longer on your site by highlighting other related content across your blog. You can choose from 3 or 4 "other recommended" blog posts after each post on your site. (www.shareaholic.com).

Flickr — when you're writing a blog post, be sure to always accompany it with a photo. It can be a photo of the person or subject you are writing about. In some cases, you may not have access to a good, eye-pleasing photo to attract your reader's attention. There are many services available online that will allow you to use other people's photos and images at no cost to you, as long as you provide credit to them. One of my favorites is Flickr. You'd be surprised at how many in the Flickr community will allow commercial use of their images. Use their searching tool to find the right image for your post. Just be sure to their photo allows for commercial use. (www.flickr.com)

Diigo — this nifty application allows you to annotate websites and other blogs by highlighting, adding sticky notes, taking screenshots, and more. It's an easy way to track other articles that you may want to reference in your blog post later on. (www.diigo.com)

SEO Blogger — drive more traffic to your site using this tool. No matter what you are blogging about, SEO Blogger will help you find the most sought-after keywords for your subject area so you can optimize the content. You can research keywords, see its popularity on the web, and compare them with other keywords, right from your editing screen. It's also a great tool for keeping track of the keyword density on your site. (www.wordtracker.com/seo-blogger)

Let's hear from you! What are some of your favorite blogging tools and applications that make blogging less of a headache for you. Email me at writer@danielcasciato.com.

Daniel Casciato is a full-time freelance writer from Pittsburgh, PA. In addition to writing for Western Pennsylvania Hospital News and Pittsburgh Healthcare Report, he's also a social media coach. For more information, visit www.danielcasciato.com, follow him on Twitter @danielcasciato, or friend him on Facebook (facebook.com/danielcasciato).

How to Avoid High Vendor Overhead Costs on Your Next IT Project

By Kashif Aftab

The US market for healthcare IT is expected to grow 24 percent annually from 2012 to 2014, according to a study from RNCOS, a global market research and information analysis company. As hospitals struggle to implement e-health systems and keep up with HITECH reform, selecting the proper vendor is crucial not only to the financial stability of the hospital, but also to avoid future penalties and loss of reimbursements for Medicare and Medicaid patients.

Many vendors selecting IT services do not hold the bench strength required to complete large and complex healthcare IT projects. As a result, these vendors race to sub-contract projects and prices can skyrocket for the client.

It's a concept called 'stacking. Vendors focus so much on signing the deal that identifying the resources need for fulfillment becomes a last-minute effort. The result is layered sub-vendors, which can drive prices up and bring down the quality of the project team.

The cost of subcontractors is always built into the project as overhead. But consider what that means for the client: a consultant earning $70 per hour joins a project through four sub-vendors could be billed for $175-$200 per hour or more. Finding a vendor that has direct access to the IT professionals required could save you hundreds of thousands of dollars in overhead alone.

When evaluating a firm, take a look at the strength of their bench. Do they have an entire team ready or are they going to supply a Project Manager and fill the rest of the team through sub-vendors? Your partners should be able to quickly respond to your needs and deliver results without spending critical time and money searching for talent.

Consider the following four items when evaluating a vendor for your next project:

- Bench strength. Does the vendor have access every IT professional needed for the project?
- Team strength. Are the resources trained employees of the vendor or loosely-vetted contract workers?
- Scalability. Can the vendor scale their team as required to keep up with very large or highly complex projects?
- Pricing. Are you paying a premium for top IT talent or are you paying a premium for bloated overhead costs?

Even if you have already engaged an outsourcing partner, thoroughly evaluate where your money is being spent. You'll be spending a lot on IT services in the coming years, but there is no reason to overspend covering for your vendor's shortcomings.

IQ Tech Pros is an IT consulting network that provides services to the healthcare IT market. IQ Tech Pros' Founder and CEO, Kashif Aftab, has grown the company from its start-up days and helped transform the organization from a simple consulting company into the world's largest full-service IT integration network, offering IT services globally. For more information, visit www.iqtechpros.com.

The Importance of Electronic Data Destruction in the Medical Industry

The Health Insurance Portability and Accountability Act, also more commonly referred to and known as HIPAA, is an integral part of the medical industry. HIPAA includes a number of procedures, regulations and stipulations that work together in protecting medical records. The HIPAA Privacy Rule refers to how medical information may be used and the steps that organizations (such as doctor's offices, hospitals, etc.) must take in order to ensure their patient's confidentiality.

Part of the HIPAA Privacy Rule refers to how sensitive electronic health data can be disposed of. Violations of the rules outlined in the HIPAA Privacy Rule could result in tens of thousands of dollars in fines, negative publicity and other harsh penalties.

Devices That Contain Electronic Patient Health Data

In order to adequately fulfill one's responsibilities under the HIPAA Security Rule, knowledge about the devices that contain the confidential patient information is necessary. Most people only consider laptops, computers and data servers as storing this information; however, there are numerous other devices that could potentially contain electronic patient health data. These additional devices include, but are not limited to, cell phones, tablets, imaging equipment, printers, copiers and fax machines.

Proper Methods to Destroy Sensitive Information

When it comes to actually destroying electronic health records, it isn't always done the right way. Many aren't even aware of the exact methods that should be used. Here's a brief look at some of the most frequently used methods of electronic data destruction.

- First and foremost, formatting or simply deleting the data is not HIPPA complaint and can easily be recovered with free software and a computer.
- In some cases, overwriting or erasing the hard drive can take care of the destruction and. at the same time is compliant with the HIPPA Privacy Rule. However, this method should only be used with functional equipment and requires additional software and the right knowledge for the process to work accurately.
- One of the most effective means of electronic data destruction is using a degasser, which is HIPPA compliant. This can only be used for magnetic devices and will not work on thumb drives, solid-state drives or cell phones.
- It is possible to shred the electronic data from the drives; however, it isn't necessarily the safest destruction method since the data can be recovered. Regardless, it is HIPPA compliant.
- The absolute best form of destruction of sensitive data is by degassing and shredding. This particular method is recommended for the destruction of any form of sensitive data.

Tips for Choosing a Professional Electronic Data Destruction Company

One of the most important things a person wants to take into strong consideration when choosing an electronic data destruction company is ensuring that this is their specialization rather than something they perform once every few months or so. The primary reason for this is that companies that only destroy electronic data on a "once in a blue moon" basis generally aren't aware of certain rules that must be followed or how to destroy the data accurately and completely.

According to Serdar Bankaci the CEO and Founder of Commonwealth Computer Recycling LLC, here are a few questions to ask:

- Does the company offer on-site destruction of sensitive data? By choosing a company that offers such a service, one can ensure that the sensitive data that they have placed into the hands of a stranger is indeed destroyed, as it would be done before your eyes and at your own facility.
- Does the company offer a full audit trail? Although no one wants it to happen, a breach could occur, and with a Certificate of Recycling and Destruction, you will have your proof of compliance with the law.
- Does the company have professional liability insurance? Every company that provides professional services should be equipped with an adequate amount of professional liability insurance (not just general liability, although this is commonly relied upon) in the event that something goes wrong on the job. Before signing a contract or making any form of professional agreement, ensure that you see proof of their insurance.
- Does the company comply with the state regulations for recycling of electronic data? A permitted recycling facility is required to be used for the destruction and recycling of computers and other peripherals such as shredded hard drives, as per Pennsylvania state law and the Covered Device Recycling Act (HB 708).

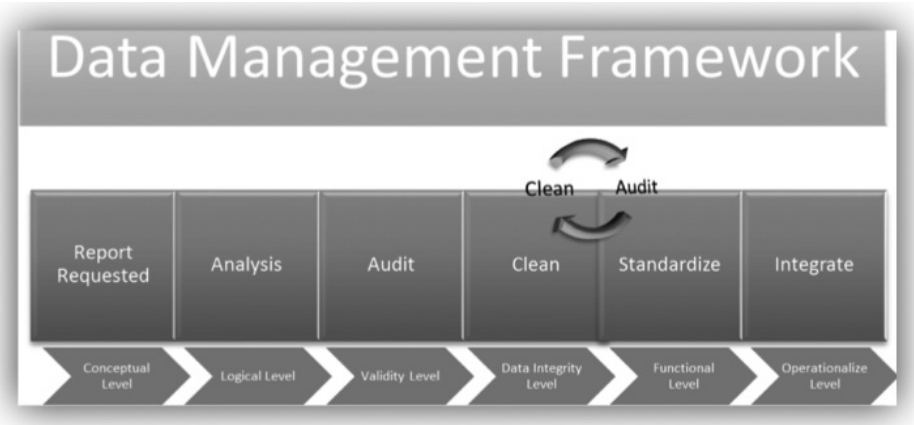
Commonwealth Computer Recycling LLC (CCR) is a Permitted Pennsylvania Electronics Recycling Facility. In addition, CCR holds the prestigious Responsible Recycling (R2) Accreditation. CCR is the first Pittsburgh Area facility to be R2 Certified. CCR specializes in on and off site data destruction and electronics recycling. For more information visit www.ccrcyber.com or call (866) 925-2354.

Data Governance—Driving Value Into Your Practice

By James Troup

Data will now and forever play a major role in the relationships between patients, insurers and healthcare providers. If your organization doesn't get on board early, you could be left behind. Driving the lion's share of the data collection requirements is the HITECH (Health Information Technology for Economic and Clinical Health Act) through the demonstration of Meaningful Use (MU), as well as pilot ACO's (Accountable Care Organizations), PCMH (Patient Center Medical Home) and pay-for-performance (P4P) ; all requiring data governance, standards, and quality assurance. Soon, if not already, you'll be sharing this data through an HIE (health information exchange) to other providers, and a patient portal where your patients will have access to their records. In any event, data governance will play a large role in your ability to operate effectively.

Although the technology is simply "1" and "0", the information is PHI (protected heath information), and that makes the collection, storage, and analysis complicated- and there is a lot of it. Just to get your head around the amount of data being stored, an estimate of Pediatric Alliances' database, with 50,000 active patients has approximately 500 gigabytes (GB) of data.



At 50,000 patients/500 GB, equals approximately 10 megabytes (MB) per patient- and growing at 50 GB per year at $3.00 per GB. Let me break it down into everyday life; a GB is about 250 songs on your iPod, and a MB is the equivalent of a 500 page book. So healthcare, an industry that has the proclivity to have nominal standards in regard to data collection is now leveraging "Big Data". Big Data, defined by Gartner, a leading technology research and advisory firm, as the volume, velocity, variety, or complexity of information. This is all part of the new world of healthcare that has moved into the business of data warehousing. But when we start to share this data, to improve clinical outcomes, the problems lie in the wide variation in information technology adoption and capabilities across physician practices, particularly by physician practice size. There are over 800,000 physicians in America. (AMA 2009). Working towards a standard to exchange, measure, analyze and report on clinical data across the sea of providers seems daunting, if not impossible at first. If every heath system does it part by managing to standards, and putting in place a data governance process, then we're well on our way to having a national health information exchange- where health information will follow consumers, is available for providers for clinical decision making, and improves the overall population health.

How can your organization be part of the solution and develop a data governance plan?:

1. Put together a cross-functional team- Thinking through the strategy and the value added to the organization by the group participants will promote buy-in. Teams will vary in size and discipline, but a broad perspective will provide the most impact. One caveat is not to overdo it with the number of team members, but make sure there is representation.

2. Establish a framework- A strong data governance program has a framework that drive value into the business by defining the methods used to establish quality. Below is an example of a framework that I deployed to manage quality in the requesting and reporting on data. There are six levels of analysis that following a six-step process on all reports that are published in the enterprise:

- Report Request (Conceptual Level): A request form was standardized and used to manage and archive requests from management and providers. The request form accompanies all reports and acts as a change request control document for updating, editing or monitoring report performance.
- Analysis (Logical Level): A review of the report request form is sent to the data governance team for review. This allows for feedback on the design and how the request works procedurally by clearly defining the requirements of the report.
- Audit (Validity Level): Once the report was designed a test was administered by sampling the data. The report was sent to the data governance team and tested for face validity, and reliability by recreating the episode or event to be reported on.
- Clean (Data Integrity): Once the report was tested the results were either entered into a cyclical auditing process until the standard was meeting or standardized into the functional level.
- Standardized (Functional Level): At the functional level, the reports have now met the required standard, and the data management team establishes procedures for utilizing the report.
- Integrate (Operational Level): At the operational level, the end users are trained on how to administer the report, and the data management team continues to monitor the desired outcomes. All audits or changes are sent through the process as a change request through the report request form.

3. Pilot- Building slowly and looking for low hanging fruits build momentum for the team and also demonstrate the value to the organization. So, try a pilot on a sample data point that is valuable. I started our program by capturing an email address. I was able to demonstrate the value immediately. I would also suggest that the pilot offer you the ability to:

- Reflect on lessons learned.
- Refine your process and look for improvements.
- Report back to stakeholder on the progress made.

4. Operationalize- Begin to address quality by aligning activities with strategic initiatives. Some suggestions, obvious I'm sure, MU, ACO contracts, PCMH initiatives and P4P.

As much as data governance is important to the future of our healthcare system, there are other data challenges. Understanding that data come in two forms, structured and unstructured, the focus of the suggestions above are based on structured data. Structured data is a set of organized fields and can easily be reported on, while unstructured data continues to elude us and is everything else It's estimated that 60 percent of healthcare data resides outside of health information systems in unstructured documents limiting our ability to fully understand and evaluate the entire 10 plus MB per patient record. A solution is down the road and tagging a document for now can provide some relief for retrieval. Maybe OCR (optical character recognition) will provide the solution- stay tuned.

James Troup, M.S. MIT, currently serves as the Chief Executive Officer of Pediatric Alliance. He has twelve years of senior management experience with a major focus on technology, and business strategic planning and alignment. He is an active member of HIMSS, PAeHI, MGMA, ACHE, and the Project Management Institute. James holds a Master's of Science in Management and Information Technology from the University of Virginia.

Formed in 1996, Pediatric Alliance has grown to be the largest physician-owned group pediatric practice in Southwestern Pennsylvania. Pediatric Alliance is devoted to providing high-quality, comprehensive primary car to infants, children and adolescents through clinical expertise, advocacy, education, collaboration, research and information management.

Editor's Note: this article previously ran in The Bulletin of Allegheny County Medical Society and was reprinted with permission.

Fiber Optic Telecommunications: The #1 Doctor Recommended Prescription for Your IT Infrastructure

By Ted Zobb

Network infrastructure is the heartbeat to your company, and in order to meet the demands of a complex and ever-changing health care environment, accurate and accessible records are critical to the health of your patients and business.

The current demands your communications network currently faces includes:

- Rise in health information exchanges, requiring network access to electronic medical records across multiple service providers
- Increased imaging capabilities driving the need for more flexible bandwidth
- Growing use of remote applications networked to central services, connected to each other
- HIPAA and other regulations require comprehensive medical records, involving high intensity security across your entire health care network

With fiber optics, the health care system will never be the same again. It's transforming the way patients receive treatment, share medical information between providers and hospitals, tele-ER, e-prescriptions, video training and many other applications. The speed of fiber communications between insurance companies, pharmacists, patients and medical staff at any physician's office, clinic and hospital, will allow your time and attention to be dedicated where it should be — on your patients and your health care practice.

As the health care industry continues to rely more on electronic medical records, tests, images and videos, using the highest speeds at the maximum bandwidth have increasingly become a necessity to the ways of transferring critical data. Cyber attacks, power outages, server failures and human error can easily bring a business to its knees. With a fiber optic backbone, the health care industry can drastically improve their operational efficiencies, reduce risk of data loss, and free up human and financial resources to enable them to focus more energy on patients and their core objectives. Having a secure connectivity and stable platform, certified with redundancy and a built-in disaster recovery insurance plan, you can rest assure knowing that all data is safe and your practice will remain up and running at all times.

The benefits of utilizing a fiber infrastructure vs. the traditional copper-wired network systems cannot compare. With a fiber optic data network, your practice's infrastructure is easily scalable with the maximum security, reliability, and most cost-effective solution, tailored perfectly for the health care industry's goal of meeting today's connectivity and highest bandwidth demands. Combined with simplicity and speed, this is a seamless operation for the virtualizing of the health care industry.

Ted Zobb, SVP of Business Development and Strategic Planning and Manager of Day to Day Operations, joined DQE Communications in September 2012. Zobb brings 16 years of experience in managing telecommunicatio
sales, b
ness de
ment
operatio
tions in PA w
Paetec/Windstream and Penn Telecom. Holding a consistent record of exceeding sales goals, he demonstrates success in profitably building and growing organizations.

Your Rx Is Ready

Providing Dark Fiber and Metro Ethernet services to over 70 of the region's top outpatient clinics, surgery centers and hospitals, DQE Communications' fiber optic network solution provides:

- Seamless access to medical data across dispersed locations at the fastest speeds possible
- Symmetrical bandwidth, unmatched by any other provider, tailored to meet the needs of each health care facility
- Optimum reliability and security of data, thanks to our state-of-the-art ring architecture
- Cost-effective, enhanced IT performance furthers the improvement of patient care

Don't wait for an emergency to happen. Contact DQE Communications to begin filling your prescription for the most ideal IT infrastructure today. Trust in DQE Communications, as so many are trusting in you. For more information, visit www.dqecom.com or call 1-866-GO-FIBER.

KARTOONS

Social Media in Nursing: Five Steps to Make Sure We're Not Left Behind Again

By Renee Thompson, MSN, RN, CMSRN

Ask a group of nurses if they are on social media and most will say yes. Ask the same group if they are ACTIVE, meaning that they post, read and engage in conversation, and only some will say yes. Then, ask if they use social media as a professional nurse and almost none will say yes.

But. Does it really matter?

There are over 3.1 million nurses in the country yet we are known as the "silent majority". Nurses have the ability to influence the health of our public. And guess what? Our public is on social media. Therefore, if we don't get involved, we will again be left behind.

For many of us, social media is overwhelming. With over 350 social media platform options, it's hard to know where to start.

Step 1: Get a LinkedIn account and set up a profile. There are a ton of social media platforms out there. However, LinkedIn is the professional's paradise.

Step 2: Join LinkedIn nursing related groups. Type the word "nurse" in the search box (be sure you select groups and not people) and you'll get a list of groups led by nurses. Just start reading the conversations and posts by other nurses. When you feel comfortable, ask a question or comment on someone's post.

Step 3: Follow other nurses. If you have personal accounts on other social media sites (Facebook, Twitter, blog etc), "like" and "follow" nurses who are actively using social media (like me!). Just following other nurses who are active can help you learn how you can incorporate social media into your practice.

Step 4: Find out how your patients are using social media. Ask your patients if they are using social media sites to gather health information. And then direct them to sites that are reputable (this will require that you know which sites are reputable).

Step 5: Know your employer's social media policy. Although social media is super awesome, there are some potential landmines that you need to be aware of. If you haven't read your employer's social media policy, make sure you do. Just make sure you aren't posting anything negative about another healthcare professional, your organization or the nursing profession.

Bottom line is that our public is on social media.

Whether we like it or not, nurses need to be too! After all, we are in the best position to influence patient decisions, promote what do as nurses and to improve the overall health of our public.

Make sure you "like", "follow", and "subscribe" to my various social media platforms. Would love to hear from you!

Connect with Renee

LinkedIn: Linkedin.com/RTConnections
Facebook: RTConnect.fbfollow.me
Twitter: twitter.com/rtconnections
Blog: blog.rtconnections.com
YouTube: youtube.com/reconnections

Editor's Note: this article appeared first on RTConnections blog. Used with permission by the author, Renee Thompson. Renee speaks nationwide to healthcare organizations and academic institutions motivating her audience at keynote addresses, professional conferences, workshops, and seminars. Her most popular topics include: nurse-to-nurse bullying, effective communication, conflict resolution, and healthcare professional's use of social media.

Renee Thompson is President and CEO of RTConnections, LLC. She has more than 20 years healthcare experience encompassing clinical practice, education, and executive leadership across the continuum of care. This diverse experience has afforded Renee the unique ability to view the delivery of healthcare from a 360° perspective. She is well known for her energizing and entertaining speaking style, along with her ability to simplify complex concepts in a way that helps nurses succeed.

She speaks nationwide to healthcare organizations and academic institutions motivating her audience at keynote addresses, professional conferences, workshops, and seminars. Renee inspires nurses and other healthcare professionals in a fun and interactive fashion sharing her vision through storytelling with meaningful life lessons and examples. Her presentations focus on improving clinical and professional competence, effective communication and leadership, building a positive and healthy workplace, and nurturing a culture of respect.

Renee's passion for educating and her dedication to the nursing profession are common threads in all she does. She is committed to leading nurses on the road to exemplary practice. To find out how you can bring Renee to your organization or next event, contact her through her website www.rtconnections.com.

IRS Issues Guidance Recognizing Charitable Contributions to Domestic Disregarded Entities

By Steven T. Feldbauer, JD

On July 31, 2012, the Internal Revenue Service released Notice 2012-52, which advises taxpayers that, if all other requirements of Internal Revenue Code Section 170 are met, the IRS will treat a contribution to a U.S. disregarded single-member limited liability company (SMLLC), wholly-owned and controlled by a U.S. charity, as a charitable contribution to a branch or division of the U.S. charity.

Charitable Contributions to Domestic SMLLCs

Notice 2012-52 provides guidance on the deductibility of contributions to domestic SMLLCs that are wholly-owned and controlled by tax-exempt organizations described in Code Section 170(c)(2) and, for federal income tax purposes, are disregarded as entities separate from their owners under Treasury Regulation Section 301.7701-2(c)(2)(i).

Generally, a business entity that has a single owner and is not a corporation under Treasury Regulation Section 301.7701-2(b) is disregarded for federal tax purposes as an entity separate from its owner (i.e., disregarded entity). Treasury Regulation Section 301.7701-2(a) provides that "if the entity is disregarded, its activities are treated in the same manner as a sole proprietorship, branch, or division of the owner."

A business entity (including a disregarded entity) is domestic if it is created or organized within the United States or under the law of the United States or of any state. A U.S. charity that wholly-owns a disregarded entity must treat the operations and finances of the disregarded entity as its own for tax and information reporting purposes.

However, for employment and certain excise tax purposes, an entity that is disregarded as separate from its owner for any purpose under Treasury Regulation Section 301.7701-2 is treated as an entity separate from its owner.

If all other requirements of Code Section 170 are met, the IRS will treat a contribution to a disregarded SMLLC that was created or organized in or under the law of the United States, a United States possession, a state, or the District of Columbia, and is wholly-owned and controlled by a U.S. charity, as a charitable contribution to a branch or division of the U.S. charity. The U.S. charity is the donee organization for purposes of the substantiation and disclosure required by Code Sections 170(f) and 6115. To avoid unnecessary inquiries by the IRS, the charity is encouraged to disclose, in the acknowledgment or another statement, that the SMLLC is wholly-owned by the U.S. charity and treated by the U.S. charity as a disregarded entity. The limitations imposed by Section 170(b) apply as though the gift were made to the U.S. charity.

Takeaway for Healthcare Organizations

Section 501(c)(3) tax-exempt healthcare entities, like other religious, charitable, scientific, literary, or educational nonprofit entities with exempt purposes, are entities eligible under Code Section 170(c)(2) to receive charitable contributions from donors. Therefore, based on the clarifying guidance, a disregarded SMLLC wholly-owned and controlled by a tax-exempt healthcare organization may likewise receive charitable contributions as a branch or division of the U.S. healthcare charity. This may provide additional flexibility to healthcare organizations who are seeking more defined business structures or greater legal liability protection by using the LLC business form.

However, it should be kept in mind that Pennsylvania LLCs, even SMLLCs that are disregarded for federal income tax purposes, are considered separate entities from their owners (not disregarded) for purposes of the PA capital stock tax. Although PA does not specifically provide for nonprofit or tax-exempt LLCs by statute as in some states, it is still possible to avoid PA capital stock tax with proper planning and procedures. However, such planning should also consider other state tax implications as well (e.g., sales/use, real estate, etc.) when considering alternative entity structures.

Steven T. Feldbauer is a senior tax manager in our Pittsburgh office of Alpern Rosenthal. For more information, visit www.alpern.com.

How Mobile Computing is Changing Healthcare

By Tammy B. Clarke, CPA, MTx

A running joke still circulates around our office about a comment one of our partners made years ago, calling the internet "a fad". Many people thought the same thing when mobile telephones started adding non-phone related features. Those people might be laughing at themselves now but the truth is, back then most people couldn't conceive of our mobile world today.

The healthcare industry has certainly accepted the mobile computing revolution and the amazing opportunities few even dreamed of just five years ago. In 2011, QuantiaMD surveyed almost 4,000 physicians and the results were quite surprising.

- 80% of physicians responded that they owned a mobile device capable of downloading applications
- 30% of doctors use a tablet (compared to 5% of US consumers), and 84% of the rest said they were at least somewhat likely to purchase one soon
- Physicians in practice over 30 years are almost as likely to purchase a tablet as someone right out of school

As expected, physicians are not the only users of this technology in the healthcare industry. Over the last few years, use by hospitals, medical schools, students, and patients have skyrocketed. So how exactly is this mobility making our world a healthier place?

Physicians

Doctors are a unique group of mobile users and according to the QuantiaMD survey, they have embraced these new tools, saving time and creating efficiencies. With the rate of advancement in technology these days, expect their usage in these common tasks to increase drastically over the coming years.

- 69% - Look up drug treatments / reference materials
- 42% - Research
- 39% - Diagnose – image / video
- 26% - Make decisions about ordering labs or tests
- 20% - Access patient information

Physicians also use their mobile device for dictation, CME, monitoring vitals, reviewing x-rays, educating patients, and calculating dosages. Of course, they also browse online, use email, and possibly play Angry Birds.

Hospitals

Hundreds of hospitals have developed their own apps, and most have been pretty basic, including directions to the campus, physician finders, and educational information. Some hospitals, such as the Mayo Clinic, have created apps to sell as a revenue source. Cleveland Clinic has an app that plays on its history in the community, featuring its medical advances, interviews, and community services.

Other hospitals have taken advantage of a growing number of apps that help hospitals better care for - and communicate with - their patients. For example, if you're a patient at Brockton Hospital in Massachusetts, before being released you'll be handed an iPad to take a survey using an app called Survey on the Spot. This tool will educate staff on how the hospital can improve operations in an extremely timely manner by giving supervisors and staff real-time feedback.

Medical schools

Many schools are switching to iPads as their main platform for delivering their curriculum. In 2011, Yale School of Medicine invested $600,000 in iPads to give to its 520 medical students. The main goal of this initiative was eliminating all paper-based course material while delivering more versatile information to students. When given to first and second year students, the iPads were preloaded with a two year curriculum and third and fourth year students received information on specialties. Students reported that they completed tasks quicker, freeing them up to spend more time on patient care and educational activities.

Patients

I consider myself a fairly intelligent person, yet when I needed shoulder surgery last year I know I had a blank stare when the doctor was explaining the injury to me. Within minutes after leaving, I was researching rotator cuff injuries on my iPad. In the following months, I read many articles and message boards, trying to learn everything about the injury. Post-surgery I looked up medications in my iPharmacy app and documented my rehab progress.

My example is a simple one that expresses how a typical patient is using mobile technology. Sadly, many situations are far from typical, and tablets, such as the iPad, have been life changers.

- Autistic children are using applications to learn basic skills, like brushing teeth and communicating better
- Those with muscular and skeletal diseases are able to interact with the touch screen in a way that conventional computers have not
- The iPad's built-in VoiceOver feature converts text and images on the iPad into audio, allowing blind people the ability to navigate the iPad

While many challenges face this new technology, we know two things: its potential in healthcare is limitless, and mobile computing isn't a fad.

Tammy B. Clarke is a tax director in the West Palm Beach, FL office of Alpern Rosenthal. For more information, visit www.alpern.com.

ENDOWMENTS From **Page 1**

vide ongoing programmatic support but rather enable the installation of such programs with seed money. Then, once results are apparent, the programs can attract their own community contributions to maintain themselves. Foundations can be public and visible, like the Pittsburgh Foundation, and attract money from many philanthropic families and individuals. Or they can be private and funded by an individual or family.

An endowment is similar except that it is usually connected to a charity and attracts what are referred to as testamentary bequests. People leave money to endowments when they die or they make major gifts while they are still living. The common factor is that these are larger gifts than the typical charitable donation and the gifts remain in the endowment to generate ongoing income that funds the work of the charity.

It is completely accurate to say that, without the largess of foundations and endowments – and the individuals and families who fund them – the quality of life in our region would be much poorer. Major initiatives that make a difference in the lives of all of our people would not happen because the funding would not otherwise be made available. As we go about our financial lives where we have benefited from the bounty of America, let us consider our mandate to reinvest in our children's and grandchildren's lives by making contributions to the foundations and endowments that enrich the quality of life in our region.

For more information, visit www.fragassoadvisors.com.

With over four decades of experience in the investment and financial planning fields, Bob heads Fragasso Financial Advisors as Chairman and Chief Executive Officer. He has used that experience to carefully craft a plan for the firm as we know it today. "We have extremely efficient processes and systems that have been refined over the years, which include rigorous investment management processes and personalized financial planning for each client devoid of proprietary product bias. The highly evolved management team guarantees quality assurance and perpetuity for the firm."

Bob is a graduate of Duquesne University and served in the U.S. Marine Corps. He earned his CFP® or Certified Financial Planner™ designation in 1982 from the College for Financial Planning and was recently honored as a founding member of that profession. He is also active with several local charities including the board of Animal Friends, a no-kill animal shelter. He is Chairman of the Board of Governors of the Rivers Club and a past President of Amen Corner, a 135 year old business and social group. Bob chairs the board of Entrepreneuring Youth, serves on the Board of Trustees of La Roche College and on the Board of Directors for the Pennsylvania Economy League Southwestern Pennsylvania. He is also serves on the Investment Committee for Pittsburgh Action Against Rape and as a member of the Council of Friends to South Park. Bob was selected to Duquesne University's Century Club of notable graduates and designated a Distinguished Alumnus of Carrick High School.

Bob is the author of Starting Your Own Practice: The Independence Guide for Professional Service Providers, published by John Wiley and Sons.

SOCIAL MEDIA From **Page 1**

media into your business plan, there are risks associated with its use by employees.

Over the years I have advised my employers and clients to ensure that their employment policies are kept up to date and compliant with federal and state employment laws. This is especially true when developing or updating your company or practice social media policy, particularly due to the increased amount of employee usage during and after work time and the increased National Labor Relations Board (NLRB) involvement with complaints related to employer disciplinary actions involving the use of social media. Social media is on the NLRB's radar big time.

With the recent economic climate contributing to the increased labor law complaints and high unemployment rates (8.2% nationally, according to the Department of Labor), attention to this topic now is especially paramount. Couple those circumstances with the ever increasing use of social media, plus the number of retaliation claims the department of labor manages, your practice could be in danger if it's social media policy and practices are not compliant. In addition, a well written and well communicated policy may help minimize the employee relations issues that arise from employee use of social networking tools.

Consider the Following When Developing your Social Media Policy

- A well written policy will help protect your practice against liability and your employees' safety.
- Ensure that your policy includes language that states your practice will not discipline employees for exercising their *protected concerted activity*. Be sure not to restrict these activities which include employee discussions of wages and working conditions. It is illegal and applies to all companies.
- Will your policy ban any use of social media on company time? Will you allow limited use? If so, be clear on the limitations and disciplinary consequences.
- You can prohibit employees from posting financial, confidential or proprietary information regarding your practice and patients. However, the NLRB has strict guidelines as to what is considered confidential; ensure that you are familiar with them.
- Your policy can include language prohibiting violations of your harassment, bullying, and discrimination policies as well as related violations of the law.
- Treat electronic behavior as you would non-electronic behavior.
- Review your current internet, email, cell/smart phone policies.
- Ensure that all managers are well trained on your social media policy to aid them in managing employee performance.
- Prior to rolling out or implementing your social media policy, be sure to have it reviewed by a human resources professional or labor law attorney.
- To read more about the NLRB rules and guidelines for protected concerted activity, visit www.nlrb.gov.

I'm personally excited about the evolution of technology from social media to patient portals and see these tools as wonderful assets to practices and all organizations.

However, I am realistic and sometimes concerned about the negative implications, such as litigation and employee relations issues that can arise from its misuse. Please be sure to review your policies and employment practices relating to technology and ensure that they are compliant.

Anita M. Gavett, PHR, is Lead Consultant with Virtual OfficeWare. She has over 15 years experience as a human resources generalist and leader in a variety of industries including HR consulting services, health care, construction and manufacturing, wholesale distribution, insurance, retail and communications. For more information, visit www.virtualofficeware.net/hr-consulting-services.

Education Update

Cognitive Enhancement Drugs and the Ethical Debate

By Barbara A. Postol

In the field of neuroethics, a rapidly developing area is the topic of cognitive enhancement. As the name suggests, a cognitive enhancement is an intervention that intends to expand upon the brain's natural capacity for learning, memory or attention.

Cognitive enhancement seeks to give an edge in cognition, which does not inherently seem like a bad idea. There are many forms of cognitive enhancements that take place in everyday life, such as tutoring, using a computer or even education; all of which help to expand knowledge. However, debate arises when interventions are more invasive. Often cognitive enhancements are in the form of prescription medications, specifically stimulant drugs that are intended for the treatment of Attention Deficit Hyperactivity Disorder (ADHD), a disorder characterized by inattention and/or hyperactivity which often presents in childhood. These stimulant medications are being taken by individuals who do not have ADHD but rather seek to benefit from the stimulant medication. Those who most often seek an extra edge in learning and memory are college students.

Stimulants as cognitive enhancement medications are thought to be most often used amongst college students. In the college environment there is a belief that stimulants help to achieve better academic success which could perhaps lead to better success in the workforce. Therefore the perceived advantage of what these medications may have to offer makes a strong motivation for students to seek stimulant medication. Students feel that the medications help them remain alert, aid in the ability to concentrate, and be more productive in their academic tasks. Stimulant medications are often obtained without a prescription as well, a serious legal offense as well as a risk to the health of the user.

From an ethical perspective, most of these concerns can fall under one of two general categeories. These are threats to the health of the individual and threats to society in general from a culture of enhancement creating an unfair playing field. In healthcare, it is safety above all that is arguably the most important reason to consider the use of cognitive enhancements.

For an otherwise healthy individual to subject themselves to the associated risks of prescription drug medication draws concern. Stimulants may be dangerous when not taken as prescribed. Unfortunately, many students are not obtaining stimulant medications from a medical provider but rather most students purchase the medication from students who have stimulant prescriptions. This raises serious concern because many of these medications are in fact, not being taken under any medical supervision but rather students are self- medicating.

The safety concerns for taking medication without medical monitoring include possible dangers from other medication and alcohol interactions, abuse potential, and adverse physical or psychological events. Proper dosing and side effects are unknown for those without a diagnosis of ADHD as well. Stimulant medications also have secondary effects such as appetite suppression and aiding in the ability to remain awake longer, which could lead to issues that was not intended by the user.

Stimulant medications are being used as a study aid by many students and the use is likely to continue. Concerns for safety may pale in contrast to the attractiveness of enhancement for students. To date there is little published data on the safety of a drug being used by individuals who lack a deficit as these medications were developed to treat a specific condition. Without empirical support, enhancement should be suspect due to many unknowns regarding the health of the individual. For those working in healthcare it is important to help advise young patients of the risks associated with using these drugs without a prescription in hopes of gaining an advantage in school. While research funds are mostly allocated to finding cures for many diseases, stimulants as cognitive enhancement is an area that is expanding rapidly and may be doing so untested, unmonitored and therefore being done unsafely. Future research into the safety and efficacy of using stimulant medication is key for those who lack a medical need for these drugs.

Barbara A. Postol is a research bioethicist with the Institute of Consultative Bioethics in Pittsburgh, PA. She is currently a doctoral student in Healthcare Ethics at Duquesne University. For more information, visit www.icbioethics.com.

Connecting Healthcare and Information Technology

By Leslie Doyle

Due to the upholding of the Patient Protection and Affordable Health Care Act in June, development of Electronic Health Records (EHRs) for patient data storage and sharing will be continuing, as it is part of the national goal. Implementation and interoperability between health care information systems will be essential, and therefore, a new type of team member will be needed. The Health Information Technology for Economic and Clinical Health (HITECH) certification contains the coursework that teaches the skills for this need and graduates can be the bridge between health care workers and information technology personnel.

There is a nationwide network of community colleges and universities that offer this program and fortunately, the Community College of Allegheny County (CCAC) is the local institution which is part of this network. This program is part of CCAC's stated mission to "guide and support the economic development of our region with responsive, solution-driven workforce training programs."

Education Update

Margaret Kurek, Program Manager for CCAC's Health IT program says that, "At CCAC, we have focused on the skills used in software development/ application use/ end user support side of Health IT. The CCAC Health IT graduate's role is to bring a combination of prior experience and a new skill set to the job that will assist in the transformation of Health IT."

The typical candidate for this program, grant funded by the American Recovery and Reinvestment Act, is someone who, at least, has health care or computer education and experience. The Health IT program is an intensive, six month course which is taught online. The coursework includes subjects such as team building, communications protocols, HL7, interfaces, requirements gathering, system usability, project management and a "hands-on" EHR practicum.

Once the student has completed the coursework, there are opportunities to take national certification (HITPRO) examinations in the following areas: Implementation Support Specialist, Implementation Manager, Clinical / Practitioner Consultant, Practice Workflow& Information Redesign Specialist, Trainer, and Technical/ Software Support Staff. The job opportunities are plentiful as it is estimated that there will be a need for 50,000 workers in this field, and positions will be available in hospitals, large practices, EHR companies and health management companies. According to a June 21, 2012 article on the *FierceHealthcare* website, there will be need for 5.6 million health care workers by 2020, including those who have the necessary skills to work with the changing landscape of healthcare. According to Ms. Kurek, CCAC graduates have found employment in Health IT, including Johns Hopkins Health System, UPMC, dbMotion, and the Office of the National Coordinator for Health IT.

The program began in the summer of 2010 at CCAC. Eighty-one students are currently enrolled in two cohorts and another cohort planned for later this summer. As of May 2012, there were 126 graduates of the program. The program, as it exists now, will end in April 2013, but CCAC is hoping to sustain this program.

Applications for prospective students for the final cohort, which begins in the Fall of 2012, are currently being accepted. This program is not to be confused with the Health Information Technology Program Associates degree, which focuses on medical record management.

This program is important, Ms. Kurek notes, because "Health IT workers are very busy... Finding time for education during work hours can be almost impossible. Yet healthcare, one of the most highly regulated industries, is ever-changing. There are advancements in medicine and information technology. There are regulatory changes at the federal and local levels. Providers now look to "best practices" to mold their day to day work. The HITECH program provides an opportunity to learn about some of the most important topics of the day in healthcare. This program keeps the Health IT worker fresh and on top of the latest initiatives and regulations."

This program contains knowledge that it would take" months and sometimes years to acquire on the job," she says.

The future of this program is uncertain and the format is under evaluation by the members of the CCAC Health IT Advisory Board. One option is to develop a program, working with regional health care providers. One fact is for certain, this program is a necessary resource for the region's healthcare future.

To find out more about this program, visit CCAC's website: http://www.ccac.edu/default.aspx?id=138573, or contact Ms. Kurek directly at CCAC: 724.325.6848.

Leslie Doyle recently received a Certificate in Health Information Technology from the Community College of Allegheny County after 17 years in health care. She has also contributed to several national and regional publications. For more information, Leslie may be contacted at lfowlerdoyle@gmail.com or follow her on Twitter @lafdoyle.

Submissions? Story Ideas? News Tips? Suggestions?

Contact Daniel Casciato at writer@danielcasciato.com

Education Update

Penn State Offers Online HIV/AIDS Education Programs

After 30 years since its discovery, more than 1 million U.S. adults and adolescents are living with HIV. Annually, about 50,000 more Americans become infected. Yet there is a sense of complacency and continuing stigma surrounding this epidemic. Along with new developments, including the first approved drug to prevent HIV infection and first in-home HIV test, education plays a critical role in combating the spread of HIV, especially among the young. To help the education effort, Penn State is offering a new series of online HIV/AIDS prevention and education programs.

The online programs include: The Changing Face of the HIV/AIDS Epidemic; HIV/AIDS: From Infection to Disease; HIV/AIDS Education and Prevention; and a compilation program of all three titled HIV/AIDS in the 21st Century. They are designed for teachers, counselors, therapists, psychologists, coaches, school nurses and other health care professionals, as well as community professionals and are open to people in Pennsylvania and beyond. The PLASE programs have been developed with funding support from the Pennsylvania Department of Education.

For information, visit http://www.outreach.psu.edu/programs/plase/index.html.

New ACMH Hospital Class Begins Session

A new class of radiologic technology students started classes July 9 at ACMH Hospital. Their two-year instructional program includes classes in medical terminology, anatomy and radiographic procedures, patient care and professional ethics, radiation protection and radiobiology, radiation physics, radiographic image processing, and radiographic exposure.

The program has an affiliation with Clarion University of Pennsylvania. The Bachelor of Science in Medical Imaging Sciences offered by the university has an academic preparation of two years at the university and continues with a 24-month course of study in the ACMH School of Radiologic Technology.

The radiology program at ACMH Hospital began in 1958 and is fully accredited by the Joint Review Committee on Education in Radiologic Technology. A maximum of eight students are accepted annually.

For more information, visit www.acmh.org.

(Front row – L to R) Crystal Tomsey of Chicora; Nicole Rieger of West Sunbury; Alyssa Horvath of Imperial; April Robinson of Mercersburg; Glenna Kanish, Educational Coordinator; (Back row – L to R) Jenal McAuley of Adrian; Jessica Wollaston of Knox; Kristen Williams of Meadville; Garret Brumbaugh of Kittanning; and Paula Keister, Clinical Coordinator

Sharon Regional School of Nursing and Penn State Shenango Announce Partnership for Nursing Education

The Sharon Regional Health System School of Nursing and Penn State Shenango have announced the formation of a partnership for nursing education that will offer area residents the unique opportunity to earn both a diploma in nursing from Sharon Regional and a bachelor's degree in nursing from Penn State Shenango in a seamless and timely manner.

Students will study nursing in three phases, with the first phase structured around admission to Penn State Shenango in the pre-nursing major focused on the successful completion of eight core courses. Qualified students meeting all criteria move directly into Phase 2 at Sharon Regional's School of Nursing where they complete five semesters of nursing courses. Students also complete five additional Penn State courses to earn a diploma in nursing from Sharon Regional, granting them eligibility for taking the state nursing licensure examination.

Students then enter Phase 3 where they complete the final courses along with electives at Penn State Shenango as part of the RN to BS program. Upon successful completion they are then awarded a bachelor of science in nursing from Penn State.

For more information, visit www.sharonregional.com/schoolnursing.htm.

The Brain Fix: Healing the Damaged Brain through Integrated Recovery

By Ralph E. Carson, RD, PhD

Recovery from any addiction is often a very challenging process. Long before any constructive therapeutic work can commence, the individual needs to break through their denial and admit there is a problem. Even after one accepts their behavior is inappropriate, they continue to resist getting the necessary treatment. There is a feeling their addiction is not that severe and it will go away if they just persevere and abstain from their drug or behavior of choice. If they do commit to treatment, too many times it's all about adhering to only what they think recovery looks like and what they perceive as efficacious care. There are some whom may eventually fully understand recovery intellectually, but too many times think head knowledge is all that is needed. If the addict never connects with the final stage of recovery, which is emotional commitment and total surrender, the potential for long-term recovery will never manifest. Unfortunately, most addicts will either find themselves relapsing, cross addicting, or fighting their cravings tooth and nail for the rest of their lives.

Words like surrender; spirituality, higher power, feelings and hope are meaningless phrases that the addicts learn to repeat in therapy sessions or support groups. These concepts are part of a world that they cannot fully comprehend, but they feel that they must put up a good front, move the process along, and get on with their lives.

The primary organ that is injured during addiction is the brain. Nerve cells are destroyed, connections are rerouted, chemicals are depleted and nerve coatings are diminished during years of abuse stemming from stress, trauma, addiction and poor nutrition. The first line of defense is to cease completely the further destruction of brain tissue, which necessitates complete abstinence. This obviously means no cross addictions whether chemical (nicotine) or process (food, sex). The healing process of regeneration, repair and replenishment necessitates stimulation, which is provided by therapy, 12- step, mindfulness, medication and exercise. This stimulus for healing is for naught without proper nutrition to provide the necessary nutrients, energy and protection. Effective healing will only takes place with proper sleep hygiene.

By employing the healing brain model, patients can assign purpose, meaning and hope to the recovery process. The symptomology and behaviors of all addictions are edified using a brain atlas to point out particular circuits, nuclei, and neurotransmitters involved in the disease process. It is a unique approach that breaks through denial and contributes to a higher level of treatment adherence. The patient is provided a sense of empowerment to achieve a greater measure of control over his or her life. Nerve cell regeneration and neuroplasticity provides encouragement to the patients who perceive recovery as a confusing and helpless ordeal. Improved brain imaging techniques have opened up new opportunities to provide insight into what recovery looks like and how therapy, nutrition and medications can catalyze the recovery process. The healing brain model helps put treatment into perspective as correcting dysfunctional interconnecting circuits that trigger distorted thinking, inappropriate behaviors and uncontrollable cravings.

The brain only has so much reserve. The combination of abuse and neglect takes a toll on mental function. The brain is malleable and with proper nutrients: nerves are regenerated, proper circuitry is restored, neurotransmitters are replaced and optimal brain functioning is possible. New research has revealed how to design a food plan that maximizes the healing of the brain and expedites recovery.

Affective neuroscience is the study of how emotions are generated by the brain. Brain imaging explores pockets of the brain where emotions develop. By mapping how the brain generates and processes emotion, it unfold ways people might use the power of their own minds to overcome the crippling impact of addiction.

The healing brain model therefore is really echoing what has been taking place in good treatment programs for decades. The model does not dictate that therapist need change their methods of treatment or philosophies. The healing brain model is merely an effective vehicle that integrates all aspects of healing and enlists the emotional participation of the patient for more efficient, complete, and faster recovery.

Ralph Carson, RD, PhD, has been involved in the clinical treatment of addictions, obesity, and eating disorders for more than thirty years using a neuropsychobiological approach. He has written The Brain Fix, consults with Pine Grove Treatment Center and board member of the International Association of Eating Disorder Professionals. For more information, visit www.pinegrove-treatment.com.

Identifying Drug Addiction: No Easy Task

By David Sack, M.D.

Most people think they would spot addiction in a family member, friend, or patient rather quickly—simply by keeping an eye out for major life consequences such as arrest, job loss, or destroyed relationships—but studies show that only about 10 percent of addicts fit this "low bottom" stereotype.

In reality, drug addiction is difficult to identify, even for an experienced medical professional.Drug addicts work hard to mask the signs and symptoms of their problem, and many times their addiction goes unnoticed for years. This is especially true with high functioning addicts—executives, surgeons, politicians, teachers, etc.

And because most addicts live in denial about their problem, it is typically up to therapists, primary care physicians, friends, and family members to recognize the addiction and steer the struggling individual toward the path of long-term recovery. Below is a short (and by no means exhaustive) list of common signs and symptoms to look for:

- **Changes in Appetite and/or Sleep Patterns**: Drug addicts often experience either an increase or decrease in appetite and/or sleep. For example, amphetamine abusers typically show a diminished need for both sleep and food. Pot smokers, on the other hand, may sleep and eat more than normal.
- **Isolation and Withdrawal:** Addicts, even when they are partaking in the presence of others, tend to emotionally withdraw. Often, they physically withdraw as well. After all, it is easier to hide one's drug use from friends and familyif one's friends and family are not around to see it.
- **Loss of Interest in "Fun" Activities:** Typically, addicts are no longer excited by activities they once found pleasurable. Hobbies and interests are dropped. Exercise, meditation, and other forms of physical and emotional self-care are forgotten.
- **Deteriorating Physical Appearance:** Typically, addicts focus less on their appearance as their substance use increases. Some addicts completely let themselves go, forgoing bathing and clean clothes. More likely, however, the work-shirt that used to be crisply starched and pressed is now clean but wrinkled.
- **Dishonesty:** Addicts tend to be deceitful and insincere, lying and making excuses with calculated precision. They are almost never truthful when it comes to their addiction. They go out for cigarettes and don't come home until the next day—but they have a perfectly plausible excuse. If asked about drug use, they nearly always deny it.
- **Financial Problems:** Drugs are expensive. Addicts will sometimes drain their bank account, empty their 401K, run up huge credit card bills, and even steal money from loved ones and employers to finance their habit. They are often late paying bills, and sometimes they ignore financial obligations completely.
- **Mood Swings:** Depending on the substance being abused, the individual may seem hyperactive and extremely happy, followed by a period of depression, irritability, and extreme lethargy. Or the person may seem mellow, contented, and pleasant, followed by a period of anxiety, paranoia, and snippiness. Nearly all addicts experience noticeable mood swings of some sort.
- **Neglecting Responsibilities:** Addicts, especially high functioning addicts, try very hard to maintain appearances, meticulously keeping their commitments and meeting their responsibilities. Some individuals function for years in this "responsible addict" state. Eventually, however, things start to slip and obligations are no longer met.
- **Trouble with Interpersonal Relationships or at Work:** Addicts tend to get into arguments with family, friends, and employers. Intimate relationships, friendships, and job status are often "on the rocks." Repeatedly calling in sick (or showing up at less than full capacity) doesn't help matters.

Unfortunately, most addicts need to experience some catastrophic event—arrest, job loss, divorce, failing health—before they become willing to seek treatment on their own, and that event may never come to pass.

But just because an addict doesn't fit the gutter-dweller stereotype doesn't mean the individual doesn't have a serious, chronic disease with ever-increasing physical, psychological, and emotional consequences.

Unfortunately, because addicts live in denial about their problem—lying about their addiction not only to others but to themselves—it is usually up to third parties to intervene.

Therapists, physicians, friends, and family all play a role in this process, the first step of which is recognizing the problem. Only after the individual's addiction is identified can long-term recovery begin.

David Sack, M.D. currently serves as CEO of Promises Treatment Centers in Malibu and Los Angeles. Prior to joining Promises, Dr. Sack enjoyed successful careers in clinical, research and administrative psychiatry. After receiving his medical degree from Rush Medical College, he completed his residency in Psychiatry at the UCLA-Neuropsychiatric Institute. Dr. Sack served as a senior clinical scientist at the National Institute of Mental Health (NIMH) where his research interests included affective disorders, seasonal and circadian rhythms, and neuroendocrinology. More recently, Dr. Sack served as Senior Vice President for Clinical Research for Comprehensive Neurosciences where his research included investigations in schizophrenia, depression, insomnia, cognitive disorders and alcohol dependency. Dr. Sack is board certified in Psychiatry, Addiction Psychiatry and Addiction Medicine, and is a certified Medical Review Officer. His experience in substance abuse treatment includes implementing comprehensive ambulatory detoxification within general medical settings, substance abuse treatment of adjudicated youth and adults, and developing specialized residential and outpatient treatment programs of dually-diagnosed clients in both rural and urban settings.

Sober Living is More Important than You Think

By: Dr. Elizabeth Waterman

Professionals in the field of chemical dependency, or anyone with personal experience with recovery from substance abuse, understand that recovery is a process that continues long after graduation from an intensive treatment program. One of the most important factors in maintaining sobriety post-treatment is the type of living environmentthe person will be entering, or in some cases re-entering. Research has shown that a sober living environment is more conducive to sustained sobriety versus an environment in which active substance use is present.

Sober living houses are designed to provide moderate structure and support for individuals in recovery within a substance free living environment. Sober living houses typically emphasize the social model of recovery (i.e. 12-Step organizations) and often have a house parent or manager who monitors and supports the residents. This type of environment does not provide clinical treatment, but they do typically require that all residents comply with regular drug testing, a curfew, chores, and involvement with the 12-Steps. It is shown that sober living homes are a helpful option for living following treatment especially, if a person's original home environment is chaotic, unstable, and/or promotes substance use.

In a study by Polcin and colleagues (2010) conducted an 18-month study that examined substance abuse and global functioning outcomes for residents living in sober living homes. Researchers followed 245 residents with alcohol and/or drug abuse problems who were enrolled in the Clean and Sober Transitional Living program in California. The residents were assessed for severity of substance abuse, legal problems, psychiatric problems, employment, and family problems at baseline, 6-months, 12, and 18-months. The results showed that subjects in the sober living environment made significant improvements in substance abuse problems, with 42% of subjects reporting abstinence from drugs or alcohol at 18 months, compared to 19% of subjects who reported being abstinent at the start of the study. The results showed improvements for subjects in the areas of employment and psychiatric problems from baseline to 6-month follow-up, and these positive results were maintained at the 18-month follow-up.Furthermore, the findings showed that subjects who reported having social networks with lower substance use and higher 12-step involvement predicted positive outcomes on all measures in the study. Based

on their prior research on sober living houses, Polcin et al. suggest that abstinence from substance use and retention of individuals in a sober living house can be improved if residents attend an outpatient treatment program during their stay.

While many treatment centers only offering 30-day programs or less, the patient's therapist or counselor plays a major role in helping to create a discharge plan that includes selecting the most appropriate living environment for them at the time. In another study by Polcin et al. (2012) published in the *Journal of Psychoactive Drugs*, the authors examined the perception of sober living houses in the treatment of drug and alcohol addiction among mental health professionals. Forty-nine therapists and 85 drug and alcohol counselors were interviewed to assess their views of the role of sober living houses in terms of chemical dependency treatment. The results showed that a majority of the chemical dependency professionals interviewed expressed strong support for sober living houses, however, most also reported that negative social stigma was a barrier to connecting addicts with these supportive environments.

The transition from primary care to the real world can be one filled with obstacles and pitfalls. Sober living creates that safe guard that allows recovering addicts to find their purpose in life again and create fellowship within the home. It takes time, patience, and discipline to live a life of sobriety- that's why sober livings are a great option to continue down the road of successful recovery.

Sources:

Polcin, D.L., Korcha, R.A., Bond, J., & Galloway, G.P. (2010). What did we learn from our study on sober living houses and where do we go from here? Journal of Psychoactive Drugs, 42, 425-433.

Polcin, D.L., Henderson, D.M., Korcha, R., Evans, K, Wittman, F., &Trocki, K. (2012). Perceptions of sober living houses among addiction counselors and mental health therapists: Knowledge, views and perceived barriers. Journal of Psychoactive Drugs, 44(3), 224-236.

Dr. Elizabeth Waterman, Psy.D at Morningside Recovery Centers: Elizabeth began her work in the recovery field in 2008 and has held positions as a clinician in residential treatment centers, mental health clinics, and private practice. She has extensive experience in conducting psychological evaluations and disability determination evaluations for children, adolescents, and adults. Her areas of professional specialties include addiction, personality disorders, and mood and anxiety disorders. She enjoys working with clients from a variety of evidenced-based treatment approaches and is currently in the process of completing an intensive training program in Dialectical Behavior Therapy. Elizabeth is dedicated to providing superior therapeutic services to clients and their families, as well as educating the public about mental illness and chemical dependency.

Elizabeth graduated from California State University, Fullerton with a bachelor's degree in Psychology. She received her doctorate in clinical psychology (Psy.D.) from the American School of Professional Psychology at Argosy University, Orange County and is currently a licensed Psychologist in the state of California.

Eating Disorders: No Longer Just For Young Females

By Dr. Kim Dennis

For decades, the topic of eating disorders conjured an immediate stereotype - female, beautiful, a high achiever, affluent, often the first-born, and above all, young. She might be the high school prom queen, or the college cheerleader, but *hardly ever* was she a middle-aged mother of three. Indeed, the very idea that a woman in midlife could suffer from anorexia or bulimia was nearly unimaginable.

In years past, experts believed eating disorders rarely, if ever, occurred after the age of 35; we now know anorexia occurs across the lifespan, in girls and women, boys and men. In fact, behavioral and mental health professionals report that in the past decade, they are treating an increasing number of women in their 30s, 40s and 50s who are starving themselves. Additionally, these women are abusing laxatives, exercising to dangerous extremes and self-harming – behaviors that frequently co-occur.

Women seeking treatment later in life typically fall into one of three categories: those who have secretly struggled with an eating disorder for many years yet did not receive help; those who were treated for an eating disorder in younger years; and those who developed an eating disorder as an adult.

Unexpected transitions, especially in relationships, are thought to trigger the onset, re-appearance or escalation of a midlife eating disorder. These catalysts can include:

Empty Nest

The act of children leaving home to go to college or simply gain independence is often very hard on a woman. This is particularly true if she is primarily defined by being a mother and caretaker. When children leave home, she may feel her value and identity have vanished. In the absence of other life pursuits, she may focus her attention on her appearance, diets, health, and exercise to fill that void and create a new self.

Parent's Illness or Death

Most adults will experience the death of at least one parent. Yet, knowing this and actually living through it are two different things. Sometimes a woman is simply not prepared for such an eventuality and is unable to cope. The physical debilitation of an eating disorder may allow a woman to remain dependent on others and/or maintain some sense of control when she feels powerless over other things.

Abnormal Reaction to the Normal Process of Aging

The American culture is obsessed with youth. Is it any wonder millions of American women flock to plastic surgeons everyday for, at the least, Botox injections and fillers, or at the extreme, a complete facelift? A woman's rush to a surgeon's office is only hastened if her identity and self-esteem are wrapped up in her appearance. Remaining thin is part of this need for perfection. She could easily embark on anorexic behaviors, which could feasibly lead her down the path to a life-threatening disorder.

Divorce/Separation/Remarriage

Even if a break up is amicable and by choice, divorce or separation from a spouse is a difficult transition time for a woman. She may struggle with issues of dependency or fears of being alone. Her self-esteem may grow fragile, especially when she considers being alone or having to return to the world of dating where men her age are attracted to younger women. She may become inordinately focused on her appearance, and in turn, may rely on extreme measures to lose weight. Such dieting could easily get out of control and result in real addiction, providing a sense of purpose, power and control. Similarly, a new marriage is a time of tremendous change, especially if it necessitates blending two families. In this entirely new family system, a woman's stress could lead to a disorder with food. She also might control her food intake in order to look "good" for her wedding or for her new husband.

Unemployment

In today's economy, layoffs are more common than not. Losing a job in your 40s can be devastating. An unemployed woman has not only lost her role, but she must re-enter the labor force at what she perceives to be a distinct disadvantage. The competition is young, vibrant, and costs less. Although she cannot turn back the clock, she can strive to appear more youthful. Weight loss is often part of this strategy. She may see starving herself or purging as the only recourse. If obtaining a new job proves difficult, she may cling to continued weight loss as the "one thing she is really good at." This is full-blown anorexia or bulimia waiting to happen.

Traumatic Illness

Diseases such as breast cancer afflict many women in middle age. This can result in a profoundly impaired body image and difficulty accepting an altered shape. She may turn to extraordinary weight loss to reshape her body in a way she thinks is pleasing to the eye, and to regain a sense of control over her body.

Death of a Child

Losing a child is arguably one of the most devastating events that could ever happen to a woman. It could result in such intense despair that a woman may truly want to die. This is where self-starvation is a plea for help, a way to relieve the pain, a way to seemingly regain control, or a form of indirect suicide. A mom might be experiencing so much grief, she has lost her will to live, not to mention eat.

Dr. Kim Dennis is a board certified psychiatrist and medical director at Timberline Knolls Residential Treatment Center.

Timberline Knolls Residential Treatment Center has experienced a steady rise in middle-aged residents with eating disorders. Although these women share the same illness as many younger residents, their therapeutic needs are unique. The adult lodges on the Timberline Knolls campus offer programming to their specific needs. Specialized groups facilitate growth and healing and help these older women move toward a life free from the grips of eating disorders, addiction, mood disorders, trauma and co-occurring disorders. For more information, call 877.257.9611 or visit http://www.timberlineknolls.com today.

UPMC Centers for Rehab Services Adds New Name, Resources to Familiar Service

Physical therapy services long associated with the Erie region and UPMC Hamot have begun operating under a new banner, UPMC Centers for Rehab Services (CRS), meaning the same qualified people are providing quality care for Erie residents, but with the considerable support of a comprehensive network that stretches across western Pennsylvania.

In five convenient locations throughout the Erie area, familiar therapists, clinical managers, and staff will continue to serve the community as well as will retain strong, collaborative relationships with UPMC Hamot. The sites include a previous EPN Active Care center, the CRS on West 26th Street, and four former TRAC locations: CRS-Nagle Road, CRS-North Pearl Street, CRS-Peach Street, and CRS-Peninsula Drive.

Staff has started delivering to the Erie area the resources of the CRS network, which encompasses 50 community-based locations and a team of 500 rehabilitation professionals. That staff will also operate under CRS' high-priority commitment to professional development, such as continuing education, academic affiliations, and compliance and privacy programs.

These outpatient Centers offer specialized facilities for aquatic, Anodyne™, myofascial techniques and prenatal/postpartum therapies, along with the McKenzie Method® spinal treatment and complete decongestive therapy for lymphedema. They continue to offer a wide variety of services, from ADL training to ultrasound, and to provide treatments for an array of afflictions, from arthritis to work-related injuries.

For more information, visit UPMCHamot.org.

National Rehabilitation Awareness Week

Rehabilitation Helps Patients Regain Function, Independence

When an injury or illness leaves an individual with limited function, rehabilitation is often seen as the next step in the continuity of care.

"Rehabilitation hospitals like HealthSouth restore function and strength so patients can return to their highest level of independence," said Dr. Thomas Franz, Medical Director at HealthSouth Harmarville Rehabilitation Hospital. "Through highly specialized and experienced experts, technology, and individualized treatment plans, HealthSouth is able to deliver a higher level of care and more efficiently and effectively return patients to a life of independence."

HealthSouth Rehabilitation Hospitals of Pittsburgh has two locations serving Western Pennsylvania: Sewickley and Harmarville. Both hospitals offer highly specialized inpatient and outpatient rehabilitation services. Additionally, the Harmarville location offers a Transitional Care Unit and home health services.

"The focus of HealthSouth is getting patients back to living their lives, enjoying their independence and doing the things they love," said Dr. Shelana Gibbs-McElvy, Medical Director for HealthSouth Rehabilitation Hospital of Sewickley. "We know that the effects of a traumatic injury like a hip fracture or an illness like Parkinson's disease can leave a patient feeling helpless and without hope. At HealthSouth, we like to think we restore that hope for our patients by showing them that recovery is a reality."

Joint Commission Certification

In recognition of its level of excellence in rehabilitation care, HealthSouth Rehabilitation Hospitals of Pittsburgh have also received multiple Disease-Specific Care Certifications from The Joint Commission. The Joint Commission, a leader in determining quality and safety standards for healthcare delivery, seeks to continuously improve healthcare for the public by evaluating healthcare organizations and inspiring them to excel in providing safe and effective patient care. It is the nation's oldest and largest standards-setting body in healthcare.

HealthSouth Harmarville holds certification for six of its rehabilitation programs including Stroke Rehabilitation, Brain Injury, Spine Injury, Parkinson's Disease, Amputee Rehabilitation, and Diabetes Mellitus. HealthSouth Sewickley holds three certifications in Stroke Rehabilitation, Brain Injury Rehabilitation and Amputee Rehabilitation.

When you need a higher level of care

Patients who see their level of function and independence decreasing due to an illness or injury are often ideal candidates for the specialized programs and higher level of care received at HealthSouth Harmarville and HealthSouth Sewickley.

With a team of professionals dedicated to each patient's care, and a variety of technological tools at their fingertips, patients and family at HealthSouth can rest easy knowing that their care is in good hands.

For more information about HealthSouth Rehabilitation Hospitals of Pittsburgh, please visit www.demandhealthsouth.com or call 1-877-937-7342.

Rehab is Key for Persons with Low Vision, Macular Degeneration

By Dr. Erica A. Hacker, O.D.

Incredible progress has been made in the treatment of macular degeneration in the past few years. Injections for exudative, or wet, macular degeneration are preventing the devastating vision loss that used to accompany this eye disease. But central vision is still distorted, dim or blurry, affecting the ability to read and see details.

What can be done for people with reduced vision? Low vision rehabilitation is the answer. It uses special lenses, magnifiers, tools and techniques to maximize a person's vision so they can do the things they used to do. Maintaining independence is important to everyone and can be a challenge with vision loss. Low vision rehabilitation allows people to read the newspaper, prescription bottles and write checks. Adaptations for cooking and working around the house enable a person with macular degeneration to remain safe in their home.

Anne, an 87 year old with macular degeneration, decided to take part in a low vision rehabilitation program and learned to use special glasses to write her checks and uses a magnifier to teach her Sunday school class. As Anne said, "I am so hopeful now… "

Low vision rehabilitation programs provide a specially trained optometrist who performs a comprehensive exam to determine a person's level of vision, and then prescribes optical aids designed to maximize remaining eyesight. Quality programs, like Blind and Vision Rehabilitation Services of Pittsburgh, also provide an occupational therapist who teaches how to most effectively use the devices.

National Rehabilitation Awareness Week

Blind and Vision Rehabilitation Services of Pittsburgh (BVRS) is the sole nonprofit rehabilitation agency in Allegheny County for persons who are blind and vision impaired. The organization fulfills its mission of building independence and strengthening individual choice through rehabilitation, screening, employment and support services. Every year, BVRS serves 1,200 adults and teenagers through comprehensive programs and 11,000 children through preschool vision screening.

In addition to low vision services, BVRS offers comprehensive and personalized computer instruction, employment and vocational services, personal adjustment to blindness and deaf blindness training, independence skill building, and in-home instruction. BVRS is a United Way Impact Fund Award for Excellence Agency formerly known as Pittsburgh Vision Services of Oakland and Bridgeville, and is accredited by The National Accreditation Council for Agencies Serving People with Blindness or Vision Impairments.

Erica A. Hacker, O.D., is an optometrist in the Client Services/Rehabilitation Department at Blind and Vision Rehabilitation Services of Pittsburgh. For more information on Blind and Vision Rehabilitation Services of Pittsburgh, call (412) 368-4400 or visit www.BlindVR.org.

Penn State Fayette Physical Therapist Assistant Degree Program Comes Into Its Own

By Susan Brimo-Cox

Penn State Fayette, The Eberly Campus' newest associate degree is pursuing accreditation and several students are preparing to graduate in late 2012. After a "soft launch" straddling two academic years, the Physical Therapist Assistant Program got into full gear in 2011and now has 23 enrolled students. The degree program is led by instructors Drs. Stacy Sekely, program coordinator, and Pamela Pologruto, clinical coordinator.

The Physical Therapist Assistant program helps prepare individuals to become skilled healthcare workers who assist the physical therapist in patient treatment. The physical therapist assistant curriculum combines general education, science, and technical courses. Specialized instruction includes anatomy, physiology, kinesiology (the study of motion of the human body), rehabilitative procedures, and the use of specialized equipment Students develop the knowledge and skills required to provide therapeutic exercise, functional training, electrotherapy, and other treatments included in the physical therapy plan of care.

In order to accommodate the clinical practicum, this major requires five semesters to satisfy graduation requirements.

Joe Belan, a current student says the program is exciting and educational with opportunities to learn specific hands-on techniques. He adds, "It ties well with the community and what the community needs."

Sekely says, "Penn State Fayette is highly regarded locally for its nursing program, so it was a natural extension to offer a program in the allied health arena. The program offers a supportive learning environment through the teaching and service of the faculty and staff and state-of-the-art facilities, including a new Allied Health Laboratory. There is a high demand for PTAs in the workforce and our students are looking forward to bright future careers."

Penn State Fayette's Physical Therapist Assistant Program has been granted Candidate for Accreditation status by the Commission on Accreditation in Physical Therapy Education (1111 North Fairfax St., Alexandria, VA, 22314; phone: 703-706-3245; email: accreditation@apta.org). Candidacy is not an accreditation status, nor does it assure eventual accreditation. Candidate for Accreditation is a pre-accreditation status of affiliation with the Commission on Accreditation in Physical Therapy Education that indicates the program is progressing toward accreditation.

Susan Brimo-Cox

With an exercise ball from left, Penn State Fayette PTA2 students Kaitlyn Novak and Kelly Jones.

Penn State Fayette is located in Fayette County, Pennsylvania. For more information, call 724-430-4130 or visit online at Fayette.psu.edu. This article originally appeared in the Fayette Nittany Newsline 2011 Annual.

Technical Skills Not Enough for Medical Leaders

By Marie Peeler

Nearly all of the leaders of clinical programs, hospitals, medical practices, and other medical enterprises are physicians, many of which maintain, in addition to their leadership responsibilities, some level of clinical practice.

That leaders of such endeavors would come up through the ranks is only logical. Medicine, like many industries that employ a similar practice of promoting their best technicians – or clinicians – to leadership, requires that its leaders have a thorough understanding of the technical aspects of the field.

Historically, the logic has prevailed that "If you can do, you can lead." If a physician has developed a new technique, pioneered a new treatment, or invented a new process, all the better to put him or her on the leadership fast-track.

A challenge arises when medical leaders find that the skills necessary for successful leadership are very different than the skills that have served them well in their clinical practice. The drive, ambition, and downright perfectionism that may have helped the physician become distinguished as a medical innovator may very well derail the well-intentioned leader.

This can be frustrating to leaders, as is evidenced by the comment made to me recently by a surgical division chief at a large urban hospital. "I've learned the hard way," he said with a tone of annoyance. "If you run a world class program and you set high standards, you simply won't be evaluated favorably by your staff."

Unfortunately, such sentiments are common as achievement-focused medical leaders feel that they must choose between striving for excellence in their programs and being inspirational leaders. In reality, in order to optimize results and achieve personal satisfaction, the successful medical leader must do both.

When I facilitate leadership development programs, I often have students write down the names of three leaders, past or present, that they respect and would genuinely want to follow. Then I have them write down three brief one- to three-word statements about what made each of the leaders stand out as someone worthy of following. As we discuss whether the traits and behaviors the students have listed fall into the categories of technical skill, intelligence, or emotional intelligence, the students are consistently amazed to see that what they most admire in leaders falls into the latter category which broadly encompasses skills of self and relationship management.

Technical skill and intelligence are also essential. But they are the "price of admission" to being a physician. By themselves, they are not enough to inspire, influence, or develop the people that leaders must cultivate in order to be entirely successful.

A study conducted by Patel, Warren, et al and published in a paper titled, "What does leadership in surgery entail?" in the ANZ Journal of Surgery (2010) concluded that "modern surgical leaders will be required to manage the business of medicine, have emotional competence and resilience, be excellent communicators, mentor and teach others, and work effectively in teams." While speaking specifically about surgical leaders, Patel and Warren's research applies to other medical leaders as well.

Physicians in the U.S. spend 11 or more years on their post-secondary education before they even achieve licensure and, typically, none of that time is spent on leadership or practice management. Physicians who would be successful leaders would be well served by supplementing their medical education with opportunities to develop the full spectrum of skills required for successful leadership. Medical leaders might consider:

- 360-degree feedback gathered either by survey or interview from stakeholders such as peers and direct reports. Such feedback can often jumpstart a leader's self-awareness.
- An executive coach who can provide a customized approach to learning that is tailored to the medical leader's specific competencies and developmental needs.
- Mentors and role models who are themselves strong in the desired competencies.
- Leadership workshops and seminars.
- Self-directed reading and study.
- A reflective practice consisting of observation, data-recording, structured thinking, and planning.

As medical organizations continue to grow in complexity, it will be essential for the leaders of these organizations to invest in a well-rounded suite of skills that includes not only technical skills, but the leadership skills necessary to engage, inspire, and influence the support and performance of others.

Marie Peeler is a principal of Peeler Associates (www.peelerassociates.com), a Pembroke, Mass.-based organization that helps leaders clarify objectives, find engagement, improve interpersonal effectiveness, and attain their goals through services that include executive coaching, team development, custom workshops and seminars, leadership assessment, business retreats, and keynote, conference and meeting presentations. An executive coach and leadership development consultant, Marie can be reached at mpeeler@peelerassociates.com.

Maintain the "Health" of Your Facility with Comprehensive Pre-Employment Background Screenings

By David C. Sawyer, CPP

In today's fast-paced society the need for speed often supercedes thoroughness, but in the absence of comprehensive background checks on prospective healthcare employees, haste can result in waste…and sometimes worse.

Background checks are not a "one size fits all" commodity; as such it is imperative that employers consider the inherent risks associated with each position when determining the searches and testing conducted in a pre-employment assessment. Ultimately, the greater the risk involved in a particular role, the more comprehensive the background check.

Healthcare workers often have unsupervised contact with patients in their most vulnerable states; inasmuch the risks associated with a bad hire could literally be matters of life and death. Standard drug tests may not be adequate for healthcare employees who will have access to a large variety of medications that are deemed highly addictive. Facilities should examine the types of medications to which employees will have access and test for the presence of those drugs in prospective hires.

As many healthcare professionals are required to maintain specific licensing, background checks in this area should include verification that any and all required licenses and certifications are valid and current. The hiring organization should also check for past license suspensions and sanctions that may have been imposed against the licensed individual.

A number of states have requirements in place that mandate criminal record checks for healthcare workers; however in today's mobile society, simply complying with such a regulation may prove woefully inadequate. The prospective hire may have a criminal history in another state, a record of which won't be included in a search of records specific to the hiring state.

Consider also that significant differences exist between a national database search, a real-time county level search and a state repository investigation. Each has its advantages and disadvantages as well as considerable cost differences.

The best place to search for a criminal record is at the original source – the courthouse where the record originated. Since that could be county or federal court, it's wise to work with a professional background screening organization with an established national network of court researchers. In this way, a request can be sent automatically to a local researcher who knows how to navigate the court system in that particular jurisdiction.

A county or federal district court search yields the most accurate and up-to-date criminal record information available and should always be used to verify results from the quicker but often less reliable database searches…especially if a record possibly matching a potential employee shows up.

Having the correct identification information is vital to conducting a criminal search…and people hiding a past they know might prevent them from getting a job can be good at keeping a secret. Reporting a false date of birth may be enough to bring back a "no record found" on the report when a serious criminal conviction actually exists.

Imagine the potential harm if an employee is involved in a workplace act of violence, drug theft or other criminal offense because your facility didn't have knowledge of past similar occurrences.

It should also be noted that while the Internet has made the screening process somewhat simple and inexpensive, relying on this method of background check might result in catastrophe – without knowing what to look for and where to find it, information can be confusing and/or misleading.

Plus you may be treading on illegal ground, for while you have the right to obtain specific information when conducting a pre-employment background check, those rights are not unlimited. Employees are entitled to privacy in certain areas and if those rights are violated, legal action can be taken against you.

By learning the fundamentals of a comprehensive screening or working with a professional screening company you and the patients treated at your facility can rest easier knowing that all employees have been thoroughly vetted.

David Sawyer is President of Safer Places, Inc., www.saferplacesinc.com, a firm based in Massachusetts that provides background screening for the healthcare and other industries as well as security services.

Changing Roles in Healthcare Leadership

By Stanley H. Davis

No U.S. industry is more dynamic, with futures more undefined, than healthcare. Accelerating changes in treatment, administration, industry restructurings, legislation, and regulation make it quickly evident that some managers once right for their original mission may no longer be the best fit to meet shifting expectations.

Healthcare does not need leaders who sustain the status quo or are merely "good enough." Mediocre talent produces mediocre results – and can lead to organizational failure.

Avoiding risk or delaying change will not slow the march of legislators, regulators, researchers, payers, patients, and competitors. Clinicians and administrators continue to focus on the core patient care mission. In an atmosphere that constrains resources while demanding more, the challenge for administrators is to sustain effective, cutting edge patient care.

Success requires innovation, and in fact revolution. The administrators who thrive will take the prudent risks and tackle opportunity, efficiency and external demands as zealously as their clinical colleagues – all under a public microscope. In a recent review of transformation in the healthcare industry, KPMG observed that "Rather than being risk averse, emerging industry leaders will be risk adept."

The current visible healthcare debate is intent on national legislation, which is revolutionary. Then there's the escalation of consumerism, the merger of providers, transformations of billing and record keeping, and continuous improvements in procedures, drugs, and treatment regimens. With tens of billions of dollars deployed, the depth, breadth and pace of change are enormous.

Not surprisingly, the aptitude, skills and knowledge of some current healthcare executives are being out-maneuvered by the transformation. Many healthcare organizations have already been consumed by competitors or circumstances. Others are questioning their organizational structure and whether they have the leaders they need. Most believe that they have good people, but maybe they should ask if they have the right people?

These "right people" are smart, current, insightful, agile executives, with an appetite for prudent risk-taking and a bias for action – actions to anticipate as well as respond to new research, technologies, mandates and opportunities.

Most executives who are champions of the status quo have already been replaced, seeing their organizations consumed by circumstances or absorbed by more agile competitors. What's prescribed here are leaders who can shepherd their organizations where they'll need to be in the next five to ten years — based on capabilities that have been previously tested in other challenging environments.

In addition to their business or clinical acumen, the right healthcare executives must fit in or personally change the culture of the organization to build an effective unit. The multiplier impact of a cohesive team, compared to a collection of individuals, is stunning. The right leaders are organizationally committed, goal oriented and selfless enough to get the best from one another, and will hire others of equal or greater talent. Effective change never comes easily but reinvention requires everyone's joint, unselfish, uncompromising commitment.

In hiring key players, there can be a tendency to over emphasize the attractively irrelevant. family or personal connections; appearance; impressive yet unrelated activities; a misplaced emphasis on "diversity". To minimize failure in the hiring or appointment process there should be a passionate emphasis on candidates' pertinent and quantifiable accomplishments, how these were achieved and under what circumstances. How relevant is their track record to where the organization needs to go?

Urgency is often a factor in leadership recruitment, but avoid missteps made for the sake of speed. Remember also, however, that other organizations are competing for the same talent. Effectively balancing these competing concerns underlines the importance of a planned regimen to identify the best prospects, challenge each candidate and complete a thorough due diligence. When you have finalists, understand up front what it will take to attract each to the organization.

After hiring a right candidate, concentrate on retention. Considerations should include programmed onboarding, assimilation, and coaching. Mentor early, share the culture as well as the rules, and communicate what constitutes success and where the potential land mines are buried.

Be ready to recognize and respond to the issues or concerns that will emerge during the first six months, because they will.

Select leaders who will also make the organization proud. With the continuing national emphasis and investment in healthcare, these people will be in highly visible roles – externally and internally. The organization's capacity to stay relevant, effective and competitive will be highly dependent on the caliber of its executives. Finding, attracting and keeping the right people in this climate will require regimen and commitment – disciplines that are already quite familiar in healthcare.

Stanley H. Davis is Founding Principal of Standish Executive Search (www.standishsearch.com), the retained executive search firm advising mid-size and smaller companies.

Getting Below the Surface

By Rafael J. Sciullo, MA, LCSW, MS

It was a warm day at the end of July. Ned and Joanne's grandkids had made the trip half way across the country for a special visit. There was a buzz in the neighborhood. And although she hid it pretty well from her husband, the anticipation on Joanne's face was apparent.

Little did Ned realize what was about to happen.

Ned is a proud veteran of the U.S. Merchant Marines, having served overseas during World War II. Now being seen by Family Hospice and Palliative Care for a heart ailment, Ned is quick to share stories of his days in the service. His genuine smile and direct but friendly approach add to his appeal as one of America's many heroes.

One of our Family Hospice Social Workers, Mary, sees Ned on a regular basis. Mary has enjoyed getting to know Ned, Joanne and their family.

Mary made it a point to get to know Ned below the surface. In talking with him about his life experiences, Mary noticed that Ned expressed much pride and joy in his Merchant Marine service. "It was a recurring theme in our conversations," noted Mary. "And was easy to tell how much that part of his life meant to him."

Rep. Tim Murphy, with Joanne and Ned Wells and three of the Wells' grandchildren.

Ned was a teenager when he joined the service and as part of a Merchant Marine ship during World War II, found himself in a lot of dangerous situations. He told Mary that his experience influenced his decision to go to college – as he came to realize he could do whatever he set his mind to.

Mary took note of all this and gave thought to what was meaningful to Ned – and his loved ones. She decided to go above and beyond.

There was a knock on Joanne and Ned's door on that warm July day. In walked U.S. Rep. Tim Murphy, holding an American flag that had flown over the Capitol, in Washington. It was a surprise visit, arranged by Mary with Joanne acting as her "co-conspirator". In bestowing the stars and stripes, Rep. Murphy thanked Ned for his service. A huge smile stretched across Ned's face – mirroring that of his family and friends gathered around the room. The veteran and the congressman exchanged some stories, with Ned recounting his days in the Merchant Maries. He even told Rep. Murphy the story about the time he tossed some materials overboard, thinking they were no longer needed — only to find out that was a big mistake. Ned can laugh about it now, of course.

What Mary did for Ned is an excellent example of the hospice philosophy of care. While providing comfort for the patient is the goal – hospice staff also help the patient live every day to the fullest. That means getting to know the patient and his or her interests, hobbies and background. What is important to the patient becomes important to the hospice interdisciplinary team. And in turn hospice cares for family and loved ones through support and education.

Making the Most of Life

At Family Hospice, we are proud to provide a range of programs and services that meet the needs for compassionate care, support and education. Whether it be our Operation Respect program for Veterans, or Caregiver Training for loved ones of home hospice patients, we spend each day getting below the surface so all needs are met.

Ned's case is a perfect example. Mary identified something that would mean the world to Ned – and afford him the honor deserved of a U.S. veteran. By making a few phone calls and devoting some of her time to establishing a dialogue with Rep. Murphy's office, Mary gave Ned, his family and friends a cherished memory.

After Congressman Murphy said his goodbyes and departed, Joanne explained how hard it was to keep the surprise visit a secret. Looking across the room at the smile on Ned's face, she continued, "But it was so worth it."

Rafael J. Sciullo, MA, LCSW, MS, is President and CEO of Family Hospice and Palliative Care and Past Chairperson of the National Hospice and Palliative Care Organization. He may be reached at rsciullo@familyhospice.com or (412) 572-8800. Family Hospice and Palliative Care serves nine counties in Western Pennsylvania. More information at www.familyhospice.com and www.facebook.com/familyhospicepa.

Corn, Kevlar and Mother Nature

By Nick Jacobs

In our efforts to understand and deal with Mother Nature, we have invented, engineered, and manipulated her in ways that often produce unexpected results. There is currently a drought in the Midwest that is devastating small farmers all across the Plains. In fact, the experts are saying that it is the worst drought since the Dust Bowl of the 1930's. The difference this time, however, is that genetically engineered crops are still squeaking through. You see, by altering the gene make-up of our food, companies like Monsanto have been able to engineer corn that can resist insects and continue to thrive on much smaller amounts of water.

The skeptics might be asking, "What happens when you mess with Mother Nature," and, not unlike my daily diet of unrelated pharmaceuticals, we know that there may be ramifications, but we don't know exactly what those effects might be. For example, we know for sure that if you take five pills a day for different ailments, there is a 100% chance that they will interact with each other. What we don't know, because they were made by different manufacturers to address different ailments is what that interaction may be.

Recently, a friend of mine posted a photo of the vascularization of the heart, and it was placed beside another photo of the Amazon River water basin. To the untrained eye, the complex network of the blood vessels of the heart looked exactly like the map of the river's connecting creeks and streams. In fact, a few years ago I saw a presentation by a radiologist who had read over 1,000,000 mammogram's. He was also an amateur botanist, and for every image that he showed depicting a malignancy, he had a corresponding image of flower and plant formations in nature that was almost indiscernible from the cancers, an ironic contrast of the beauty and cruelty of Nature.

A further exploration of this inner connectedness was the recent story on NPR about an Italian wine maker, a microbiologist, Duccio Cavalieri, who had clarified the connecting by which insects (in this case a wasp) transfer yeast from their guts onto wine grapes. This wasp yeast then shares in the fermenting of the wine. This interconnectedness explains some of the centuries old complexities in taste in the wines from Chianti. In fact, since the Roman era, vineyard owners knew that their wines would be impacted by planting flowers around the vineyards.

The story elaborated on the concerns of Ann Pringle, an Evolutionary Biologist at Harvard, related to the unintended penalties of a smaller amount of species diversity once that diversity is lost. In other words, the yeast from the wasps digestive juices makes the wine taste amazing. If a wasp biting into a grape can change the taste of your wine, what happens when you change Mother Nature's corn by genetic engineering?

Ironically, one of the things that happens is that the corn stalks on this altered corn become bigger, stronger and tougher than regular corn. In fact, the corn stalks are so strong that, once they are cut down at the end of the growing season, they literally rip into the tractor tires as they drive over them. Consequently, the tractors with eight tires that average about $1000 each are taking a real beating when they drive through these Super Corn fields. This has resulted in tire manufacturers and post- manufacturers hardening the rubber and, in fact, adding Kevlar to them, the stuff from which they make bullet proof vests.

So, we feed our cows, pigs and chickens genetic corn, kill the wasps by spraying them, and place bullet proof vest materials inside our tires. It seemed so much simpler when all we had to do as kids was to hang out with farmers where we could eat, drink and enjoy Mother Nature's best any day of the week. Little did we know.

Nick Jacobs, international director for SunStone Consulting, LLC, is known as an innovator and advocate for patient centered care. With 22 years in health care management, he is author of the health care book,"Taking the Hell out of Healthcare" and the humor book, "You Hold Em. I'll Bite Em." Read his blog at healinghospitals.com.

Pittsburgh's Quantum Theatre Explores Children's Health Issues through *The Electric Baby*

By Christopher Cussat

This past April, the Quantum Theatre (QT) opened its world premiere of *The Electric Baby* by Stefanie Zadravec. Known for staging its shows in unique places that are not necessarily theatres, QT premiered *The Electric Baby* at The Waldorf School of Pittsburgh (The Waldorf School) between March 29 and April 22. The run of *The Electric Baby* was a collaboration of QT, Children's Hospital of Pittsburgh of UPMC (Children's Hospital), and The Waldorf School.

Directed by QT's Daniella Topol, the play was nominated for a 2012 Susan Smith Blackburn Prize after having been nurtured at PlayPenn in Philadelphia and in The Playwrights Realm's INK'D series. Zadravec's previous play, *Honey Brown Eyes*, was published in *American Theatre* magazine and won the 2009 Helen Hayes Award for Best New Play or Musical. It was also a National New Play Network Smith Prize finalist.

The setting for *The Electric Baby* is Pittsburgh and its mysterious, titular character is a fragile, yet powerful man who exerts an influence on the Pittsburghers around him—he also glows like the moon! Natalia, his Romanian-born mother, and Ambimbola, his Nigerian-born father, are working fast to pour their strengths and stories into him, even as fateful events have separated the family. The play suggests that perhaps a triangulation with the moon at its apex can unite them—and maybe they can also heal the Pittsburghers who end up in their story.

According to Karla Boos, QT's Artistic Director, she generally chooses plays to produce that move her. "I hope to offer productions where whatever moved me and the artists will move our audience." She explains that *The Electric Baby* is a play about healing, and about characters who come together from very different circumstances—but they are all in need of healing, and they ultimately affect each other. "It's both happy and sad—like life," she adds.

Although QT tends to mix quite a bit of the "real" in with the theatrical, *The Electric Baby* is quite an unusual story, because a real child cast his shadow on this world premiere! Zadravec's son, Colin, led the family to Pittsburgh when a pulmonary illness landed him on oxygen. After he remained undiagnosed by their local, New York hospitals, the family was eventually sent to Children's Hospital, where specialist, Dr. Geoffrey Kurland, was able to finally diagnose Colin's rare, interstitial lung disease as Neruoendocrine Hyperplasia of Infancy (NEHI). Colin is one of only about 250 known cases of this disease. Happily, his prognosis is good and he will likely outgrow his need for supplemental oxygen in the coming years.

Boos says that the ability of the play to affect her was magnified many times over by Zadravec's personal story—and there was an inciting incident before she even met Zadravec, learned about her connection to Children's Hospital, or read the play! "I'd been on a tour of the hospital with International Women's Forum members and I was so proud that this wonderful place exists here in our city. I feel that all Pittsburghers should take this tour and get this inside look at the amazing work being done there." She adds that the play and the project seemed like the perfect opportunity for QT to help tell that story too.

Colin's family also speaks warmly about Pittsburgh, and more warmly still about the stellar facility of Children's Hospital and its philosophy of patient and family care—as well as their doctor, Geoffrey Kurland. In addition, QT, with its love of iconic places and belief that physical environments contribute to the meaning made of activity inside, already loved Children's Hospital, and saw that its design plays an active role in its mission to heal.

Zadravec's writing benefited from a fruitful collaboration with Topol, who is considered one of the country's foremost directors of new plays. Her recent engagements have been at South Coast Rep, the Women's Project in New York, and Magic Theatre in San Francisco. Topol is also connected to Pittsburgh as a Carnegie Mellon University graduate and through her early work at City Theatre.

A cast with deep ties to Pittsburgh and a history with QT included Robin Abramson, John Shepard, Ruth Gamble, Monteze Freeland, Laurie Klatscher, and her son, Nick Lehane. Production Designers were Stephanie Mayer-Staley (scenic), C. Todd Brown (lighting), Ryan McMaster (music and sound), and Richard Parsakian (costume).

The team found an amazing environment at The Waldorf School's Victorian home in Bloomfield/Friendship. It was also located in the shadow of Children's Hospital, where some play events occurred—allowing the collaborators to shine a spotlight on the work being done there. Boos believes that this location nicely illustrated QT's unique work. "In choosing our non-traditional environments, we put the audience right inside the work, along with the artists. The Waldorf School down the road from Children's Hospital was a wonderful place to bring *The Electric Baby* alive." She explains that it felt like a magic, protective place, where this vulnerable baby exerted an influence for good. "I think that was also a great representation of my feelings while at Children's Hospital."

Boos concludes with her thoughts about the important relationship between the arts and healthcare, and how this interconnection can accomplish awareness about health issues. "I always feel that art and science share a lot because there are always people out on an edge, exploring the unknown, and trying to capture human potential. I know we felt a kinship with all the hospital personnel we met, especially Stefanie Zadravec's doctor, Geoffrey Kurland, and Ellen Mazo at the Children's Hospital Foundation, who was so wonderful in bringing Quantum Theatre to her colleagues and exploring the ways we could come together."

For more information about upcoming performances by Quantum Theatre and tickets, please visit www.quantumtheatre.com.

Robin Ambramson and Nick Lehane

Artists Among Us

Western PA Hospital News wants to hear from you!

How are you using social media to increase awareness?

Email Daniel Casciato at writer@danielcasciato.com and we'll publish your story.

Stantec It's a Matter of Perspective.

A Post Occupancy Evaluation Can Be A Wonderful Learning Tool

By Jeri Steele & Nathan Werner

Have you ever asked yourself while at work or simply visiting a facility . . . *"Who designed this place?"* Depending on the accented word, the question may have been the result of a positive experience or made in utter frustration. You may have wanted to compliment the designers for the inspiration you received, or for making your job just a little bit easier or, on the other hand, maybe you just wanted to vent. Your feedback – positive or negative – may have been useful information in a Post Occupancy Evaluation (POE).

Once a building is complete and the users move in, how do we find out if the building design is performing as expected? How are the people who occupy the facility, using it? Does the design meet their needs? Should anything be done to improve future designs? In order for the study to be objective it is best that a third party complete the task. A POE can:

- Measure a project's success or failure from a variety of perspectives
- Provides feedback and feed-forward of lessons learned
- Evaluate a new design
- Assess patient and staff outcomes
- Estimate return on investment
- Gather data for research
- Establish a baseline for future projects

Although there is no industry-wide definition for a Post Occupancy Evaluation it is commonly considered a rigorous and systematic assessment of a building's performance from the users' perspective.

The scope of a Post Occupancy Evaluation can be as broad or narrow as required by the stakeholders. The stakeholder might be an owner, patient, staff member, engineer, architect, or contractor. A Post Occupancy Evaluation provides feedback on how successful the workplace is supporting the organizational and individual end-users' needs.

Typically we think of a Post Occupancy Evaluation as a task that occurs after the users have had a chance to "kick the tires" a bit. Evidence Based Design standards recommends 6 to 12 months after occupancy. In reality, a Post Occupancy Evaluation can be performed at any time during a building's life cycle but waiting at least 6 months assures that the "kinks" have been worked out and allows the staff to develop new routines or processes.

In addition to the benefits listed above a Post Occupancy Evaluation answers two very basic questions:

- Did we get it right?
- Should we do it again?

There are certainly challenges to confront during a Post Occupancy Evaluation in an effort to maximize the benefits, such as:

- Staff turnover from onset of design to project completion. On average fifty percent of the participants who started the project, at conception, are not the people who occupy. This can often produce unexpected end user feedback.
- Discerning the difference and subtleties between universal design feedback and facility specific feedback. The *"It's just how they like to do it."* culture trumps all. The interviewer needs to know the design of the specific site and the universal healthcare practices well enough to accurately categorize issues specific to the users success and failure, and issues that may be applied to any design.
- Confusion of issues resulting from the actual construction. Feedback is delivered from the user's perspective. Users do not typically have the knowledge or experience to separate issues that were a result of design decision making, construction limitations, or perhaps a change in construction made by an administrative decision during construction.

A Post Occupancy Evaluation is about learning from successes, mistakes, and, quite often, assumptions. All parties that participated in the design, construction and evaluation process benefit from the feedback. They gain insight to help better deliver healthy, comfortable and efficient buildings - spaces that help increase productivity and meet or exceed expectations.

Jeri Steele does healthcare research and design at Stantec in Butler, Pennsylvania. Jeri can be reached at jeri.steele@stantec.com.

Nathan Werner is a registered architect at Stantec in Butler, Pennsylvania. Nathan can be reached at nathan.werner @stantec.com.

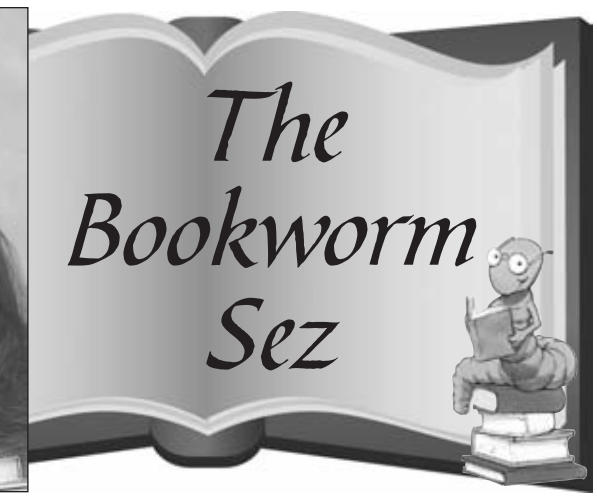
Submissions? Story Ideas? News Tips? Suggestions?

Contact Daniel Casciato at writer@daniel casciato.com

"Island Practice" by Pam Belluck

About the Book: c.2012, PublicAffairs

$25.99 / $29.00 Canada 275 pages



Superman can do anything.

He can outrace a train, jump high, stuff you already know. But he can also save puppies, solve crimes, hear through walls, and sense things that are about to happen.

David Beyda Studio, NYC

Pam Belluck

But that's not all – Superman lifts trucks over his head, blows buildings apart with one breath, and powers through steel. And he gets the girl in the end.

That's why they call him *Super*man.

But for some people on the island of Nantucket in New England, Superman comes in human form. He's not quite as strong, but his abilities are widely-known and in the new book "Island Practice" by Pam Belluck, you'll read about him.

Nantucket is an island about 30 miles off the coast of Massachusetts, but for its rich and influential residents, it's a world away from problems.

The island offers relaxation to stars, policy-makers, and commentators. Politicians go to Nantucket for much-needed rests, and philanthropists summer there, but they aren't the only residents: Nantucket is the year-round home to a number of working-class folks and eccentrics – and when a small town (which basically describes Nantucket) becomes a magnet for people with "flaws," it needs someone who acts as "glue" to hold its citizenry together, both in body and mind.

Nantucket has its Dr. Lepore.

Tim Lepore (rhymes with "peppery") initially came to Nantucket to work for just for a month, but he "liked what he saw" in the town and its tiny hospital. He realized that the cases he'd see at Nantucket Cottage Hospital were nothing like those at his old job in Providence. Nantucket could be interesting – he loved nothing more than that – plus, the shifts were better.

The Lepore family's move to Nantucket was, for its islanders, one of the best things that ever happened.

Tim Lepore is the town's Renaissance Man. He's their doctor, first and foremost. But, because Lepore has such diverse interests, he's become their protector, counselor, veterinarian, medical examiner, archaeologist, historian, and school board member. He prepares for some surgeries by reading books, is willing to find herbal "cookies" for chemo patients, and reluctantly does abortions.

He's "Hawkeye Pierce" in the flesh. But not even he can stop corporate progress when it sneaks onto his island…

I had three parallel thoughts as I was reading "Island Practice."

The first was that author Pam Belluck often made her main subject seem to me like a superheroic maverick-genius who irreverently flaunts the rules. That's fine, but I really would've liked to see the gushing dialed down a notch.

Secondly, several of those maverick-y things gave me pause, particularly because there were *so many*. Yes, Belluck sometimes made me chuckle with her accountings, but some shared incidences were fairly disturbing.

Thirdly, despite thoughts one and two, this book isn't all bad. It's flawed, but it was adequately interesting and kept me reading - which is good enough for me and may be worth a try for you, too. If you can overlook its testimonial-like feel, you might find that "Island Practice" fits your reading tastes just super.

The Bookworm is Terri Schlichenmeyer. Terri has been reading since she was 3 years old and she never goes anywhere without a book. She lives on a hill in Wisconsin with two dogs and 12,000 books.

Leading a Hospital Through the Storm of Healthcare Reform

By Carolyn McClain

Having weathered innumerable challenges over the years, hospitals must now add implementation of the Affordable Care Act (ACA) to the roster of challenges. On June 28, 2012, the U.S. Supreme Court upheld most of the ACA, while limiting the Medicaid expansion provisions.

As of August, 2012, there is still little certainty. Pennsylvania has not decided whether to implement the Medicaid expansion provisions. Therefore it could be subject to reduced Medicaid funding. The federal government is in the process of developing health insurance exchanges for states that do not create their own. Pennsylvania has not decided whether to create the exchanges. Republicans have vowed to repeal the ACA. This will be determined by the outcome of the November elections. Countless questions are left unanswered. The prospects are daunting.

Hospitals' top leaders are the key to successful navigation of these uncertain waters. The ACA may be a political hot potato, but it is, nevertheless, a requirement for the legal operation of a hospital. Executive leadership and boards of directors must send a clear and consistent message to all departments of the hospital to move forward with implementation.

The intent of this article is to provide an overview of the various hospital departments, highlighting some issues they must address. In maintaining a broad perspective of the hospital's operational units, and being aware of the constituent pieces of ACA compliance, leadership will be better able to steer their institutions forward through this new challenge.

Departmental Breakdown of Hospital Responses to the ACA

Leaders

As stated above, hospital leaders play an essential role, enforcing the principle that compliance is critical, overseeing the big picture and directing strategic planning and implementation.

Human Resources

In addition to the current requirements, more mandates and changes to health insurance coverage will become effective in 2014. Human resources staff will need to assess and manage costs and liabilities going forward, and address the question of whether to provide insurance for employees or pay a penalty. It will be necessary to respond to hospital employees, who will be facing many of the uncertainties in the ACA on an individual level. August 1, 2012 was the deadline for the provision of coverage for women's preventive health services. Religious organizations have additional questions to address in this regard.

Payor Contracting

The payor contracting team will have the task of evaluating new contract provisions and possible funding reductions in Medicaid coverage. They will need to be aware of the progress of state or federal creation of health insurance exchanges. New payment and delivery models will continue to expand throughout private and governmental managed care plans.

Provider Contracting

It is expected that the trend toward hospitals' employment of physicians will continue. It is also anticipated that heavier patient loads and physician shortages will result from the increased number of insured patients. Provider contracting staff will be instrumental in responding to these developments.

Finance

Finance departments will continue to grapple with projecting revenue into an unpredictable future. For example, CMS announced on August 3, 2012, that Recovery Auditor prepayment reviews will begin on August 27, 2012. Pennsylvania will be included in these reviews. Additionally, if Pennsylvania refuses Medicaid expansion funds, there may be more uncompensated care to address.

Quality Measurement and Patient Relations

Hospital reimbursement will become increasingly dependent upon the two related, but distinct, factors of patient satisfaction and quality of care, and with clear documentation of both. Patient relations and quality measurement professionals will be instrumental in this area.

IT

October and November deadlines loom for the reporting of and registration for Electronic Health Records Meaningful Use. These data-dependent deadlines are integral to the new payment and delivery approaches implemented under the ACA.

Compliance

Compliance professionals tend to be collaborative, sharing a wealth of tools and updates. They will need to avail themselves of available internal and external support to lead the hospital's implementation of compliant practices. They must remain ready to support all departments and to assure that hospital leadership is updated.

Legal

In-house and outside counsel must stay informed and be responsive to clients. Like Compliance professionals, they will need to collaborate with others in their field to provide the best advice possible.

Ms. McClain has practiced health care law for 32 years; providing counsel in complex regulatory and transactional work in most areas of health care. She has held senior-level positions in government and the private sector. She is a graduate of Franklin and Marshall College and the Dickinson School of Law. For more information, visit www.jdsw.com.

Health Care in the Cloud

By Chad Michaelson

Amid the debate about providing better patient care and reducing costs, many health care executives overlook a critical aspect of operations that can improve both: cloud computing.

Information technology (IT) infrastructure is rapidly moving to "the cloud," meaning that software programs and data that once resided on company servers is instead located on a third party's remote servers and accessed via the Internet.

The healthcare industry has been cautious about cloud computing because of concerns about patient record security and the Health Insurance Portability and Accountability Act (HIPAA). But cloud computing has the ability to improve patient care by giving health care workers ready access to medical records and administrative information in a central location. Cloud computing also eliminates the need for costly IT infrastructure and support staff, significantly reducing IT costs.

Any health care provider considering a migration to cloud computing needs to carefully consider the implications of giving a third party control over important health information. The following are some of the key questions to ask before considering moving to the cloud:

1. Can we get our information when we need it?

Standard contracts with cloud service providers may give the provider the right to limit or disable your ability to access information in certain circumstances, such as over a billing dispute, so it's extremely important to understand the language of the contract. Because of the critical need for health care providers to access digital files at any time, make sure that your contract explicitly gives you rights to your information at *all* times and that, in the event of a dispute, all data will be properly preserved until it can be moved to a secure location.

2. Is the cloud secure enough for health records?

Under HIPAA, health care providers are required to keep patient data safe and private. While cloud computing can offer a high level of security compatible with HIPAA regulations, it's important that the cloud service provider understands the unique needs of health care providers. When choosing a service provider, make sure that the company has experience working with health data and that the contract clearly states how the provider will handle data security and how it is prepared for security breaches and natural disasters.

3. Where will our information reside?

The cloud isn't some magical realm – at the end of the day the data will physically reside on one or more computer servers. If you ever need to get your data back, it is important to know where it went in the first place. Consider this scenario: a health care facility in Pennsylvania engages a cloud service provider based in California. The service provider then purchases server space from independently-owned data centers located in Texas and Michigan. The service provider fails to pay the data centers and they shut down its service, preventing the health care facility from accessing its data. If the health care facility doesn't know about the third-party data centers, it could spend thousands of dollars suing the provider in California, only to learn that the provider can't give the health care facility what it really wants – access to its information. Unfortunately, this is not an uncommon scenario and it illustrates why it's important to learn what the service provider intends to do with the data.

4. What happens if our data is lost or corrupted?

As with any computer system, there is always the possibility that data could be lost in the cloud. Because of the possible risk to consumer health if data should be lost, it is critical for health care providers to hash out the details of how the service provider plans to handle the possibility of lost or corrupted data.

Service providers often draft contract terms that limit their liability for data loss. First, most contracts describe the services to be provided in a very vague fashion and make few, if any, promises of reliability. Second, and more significant, most contracts include limitations on the types of damages for which a provider may be held liable. Again, the best way to protect against this is to negotiate appropriate contract terms. You also should contact your insurance broker to determine whether you have, or can obtain, coverage for these types of damages.

Most of the risks inherent to the cloud can be managed by asking the right questions and negotiating an allocation of risk between the health care facility and the service provider. If your provider refuses to accept appropriate responsibility for your data, it probably is best to look elsewhere.

Chad Michaelson is a partner at Pittsburgh-based law firm Meyer, Unkovic & Scott and regularly advises clients in cases involving electronically-stored information.

EHR in Medical Liability Litigation

By Mary-Lynn Ryan

Electronic health records (EHRs) hold great promise for improving patient safety and decreasing medical liability exposure, but as EHR systems have been adopted, a variety of new medical liability litigation issues have arisen. For example, some systems cannot create a printed patient record that will be understandable to a jury; and some offices are not staffed with a person who knows how to remove privileged or irrelevant information from an EHR before it is released to a plaintiff's attorney.

EHR metadata (data about data) is a related concern. EHR system metadata shows how, when, and by whom EHR data was received, created, accessed and modified. State courts are indicating that EHR metadata can be relevant in medical liability lawsuits, and plaintiffs have begun seeking and obtaining metadata related to their cases. Consider how valuable metadata could be to an attorney attempting to establish a failure-to-monitor or delayed-diagnosis claim.

To address these emerging issues, providers are encouraged 1) to analyze their own EHR systems and determine whether they can generate understandable patient record copies and metadata reports that are appropriate for medical liability litigation, and 2) to create policies and procedures that ensure only the release of appropriate patient information as a result of a discovery request, while protecting sensitive medical information subject to special confidentiality requirements.

Producing appropriate records for litigation is rarely a top marketing priority for EHR vendors, but a system's ability to print an appropriate patient record should be an important consideration for any provider purchasing or updating an EHR system. Medical records are a primary means of showing compliance with the standard of care, and it is difficult to defend even exemplary care if records are inadequate, confusing or incomplete. To get a sense of whether your practice is prepared for a request to release electronic health records, consider the following questions:[1]

What information will be disclosed upon a request for medical records?

- Do you have a standard report format that can be used in all record release situations (e.g., can patient requests, billing compliance requests, research requests and litigant requests all be satisfied with one type of medical record)?
- Define the patient record of care in the system. The system needs to be programmed to generate an accurate account of a patient encounter or episode of care. The resulting document must be able to "tell the story" of a patient encounter in a way that satisfies the requirements of the party requesting the record.
- Keep the patient record fluid and adaptable. The perfect "litigation" patient record may not satisfy laws, regulations and standards related to payers, patient safety organizations and/or other entities that request patient information.
- Does your system allow you to block confidential, sensitive medical information and privileged or irrelevant information when producing copies from the electronic record (e.g., drug and alcohol abuse, HIV, mental health, quality assurance, etc.)?
- Double check records before they are released and confirm that they do not include privileged or irrelevant information.

Does staff in your organization know how to produce an appropriate record?

- Ensure that staff members are appropriately trained in releasing EHR and metadata.

Being prepared for the release of a patient's medical information can mean the difference between success and failure in medical liability litigation. Because of the complexity of the EHR options available, planning and research are critical to the successful utilization of EHR. While it may take extra time and money to personalize and adequately understand an EHR system and put EHR policies in place, the added investment can yield rich benefits for patients and physicians alike.

For more information, visit www.pmslic.com.

1. Dougherty M, Washington L. *Still Seeking the Legal EHR*. Available on the American Health Information Management Web site at: http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_046428.hcsp?dDocName=bok1_046428 (accessed 8/3/2010).

Mary-Lynn Ryan is a Risk Management Consultant for PMSLIC Insurance Company, a member of The NORCAL Group.

PMSLIC is a leading physician-directed medical professional liability insurer in Pennsylvania committed to protecting physicians and their practices with comprehensive coverage and industry-leading risk management services. Since its inception in 1976, PMSLIC has gained the insight and expertise to help physicians improve patient safety and reduce their liability risk. And in the unfortunate event that a claim does occur, PMSLIC supports its insureds every step of the way. Rated A "Excellent" by A.M. Best, PMSLIC has the financial strength and stability to support physicians now and for the long-haul. PMSLIC is committed to protecting your practice and your reputation.

Managed Care Expansion Opens doors for Gateway Health Plan

By Elizabeth Pagel-Hogan

The healthcare landscape is difficult to navigate - for politicians, providers, insurers and especially patients. But the decision in Pennsylvania to expand managed care for all Medicaid recipients across the entire commonwealth by March 2013 is an attempt to reduce some of the more complex hills and valleys that patients and providers encounter.

Gateway Health Plan is ready to move into these new areas and to expand services for this new part of the population. Gateway Health Plan has already completed a seven county expansion in the Lehigh area, 13 counties in the New West area and four additional counties in the east of the state.

"It's quite exciting, we expect to grow robustly in Philadelphia and make it a real growth opportunity for the plan," said Michael Blackwood, CEO of Gateway Health Plan. "We have 13 more counties coming in October for Medicaid, we've already taken on 7 new counties in the south central and it's very active and robust. I expect us to break through 300,000 members by October 1, 2012."

Gateway was one of four successful bidders for the contracts with the Department of Public Works. It is also the first Medicaid plan to receive an five consecutive excellence ratings from The National Committee for Quality Assurance.

"What sets us apart is our healthcare model of Prospective Care Management," explains Blackwood. "It looks at many aspects of a person life. Our members have limited resources and face the downstream effects of poverty. We have to look at life through their lenses, where they are with behavioral, economical, social, spiritual, and medical needs and break down barriers to health care. We can plug them into community resources as well as social services, as necessary, to create full access to care and to provide full access to network of physicians."

Two key components of Gateway's Prospective Care Management program as it's Care Managers and it's community repository. Care Managers are tasked with being proactive and considering all facets of a patient's life so that necessary medical care is delivered.

"My team is the special needs unit and oversights the private duty services for most medically fragile children," explains Will Wenger, a manager in Care Management. "We manage the home health aide but when the behavior of the client impedes the delivery of the care we go above and beyond. For example, we frequently have children who in addition to medical needs have behavioral health issues, like ADHD, that impacts the ability of the home health aide to render care like bathing and hygiene. The behaviors put the aide and child at risk. In a routine scenario our staff work with our behavioral team and the child's mental health providers to assemble a home behavior plan."

The community repository is a resource Care Managers use to assist members.

"Our community repository is a database of 2600 community agencies," Blackwood says. "Members call or write in or are referred by a primary care physician or specialists. They reach our care managers who complete an assessment of all their issues and problems, access the repository and plug them in to those resources."

The repository is very targeted by region and geography and includes resources for food, shelter, clothing, daycare, electrical bills, and mental health.

Gateway has 55 care managers who take thousands of phone calls every month and Blackwood notes there has been an increase in usage in recent years. Blackwood describes the Prospective Care Management model, and resources like the repository, as mutually beneficial to Gateway and it's members.

"Our members see their insurance company is trying to help them with more than medical problems," Blackwood states. "If we break down transportation, daycare, expenses - if we knock down these barriers we build trust, then we ask them to take the initiative and get to preventative care. And the chances of that happening are greatly improved."

By January 1, 2013 Blackwood sees Gateway going online with the dual-step program with 30,000 members covered by Medicare and Medicaid, the 10th largest in the nation.

"These are people with two or three chronic, simultaneous illnesses. We work very hard to keep them in the community in the least restrictive and most supportive setting," Blackwood says. "We work to keep them out of hospitals and nursing homes and we're very successful. We have a high satisfaction rate and low turnover of members."

When a member does require admission to a hospital, Gateway is already prepared with clinical initiatives to reduce readmission after discharge.

"Part of our Prospective Care philosophy is to work with members before they go into the hospital to learn what they are going to need when they come out," Blackwood says. "We follow up with specialists, pharmacists, try to make sure their durable medical equip and behavioral health follow up - all to avoid relapse, avoid reinfections. That's the greatest way of ensuring they won't be readmitted."

Blackwood referred to this period as the "Golden Three Weeks."

"The hospital's done it's job, it's written the orders, created the treatment plan, then it's handed off to a lot of players," Blackwood describes. "We work to coordinate with everyone, so that it's not just ordered, it's carried out. We send out daily reminders to our physicians to make sure we're doing what they've ordered medically."

While Gateway members have Care Managers on their side, working to reduce barriers to health, Medicare and Medicaid are not without problems. According to Blackwood, Pennsylvania is in "pretty good shape with respect to companies offering Medicare products and Medicare pays better. But Medicaid's biggest problems are financing. meeting the financial req of existing medicaid pop is difficult, roles have gone up because of the economy, burden on state is large, cost of care of an individual member has gone up, financing is the biggest issue."

For the future, Blackwood hopes Gateway will greatly expand their Medicare product.

"For Medicaid, once we reach the maximum at 300,000 members, we plan to serve that population steadfastly, improve our health care model and do this in a financially responsible manner, Gateway puts an enormous emphasis on quality improvement and quality of care," says Blackwood.

For more information, visit www.GatewayHealthPlan.com.

Bring Walking to Your Hospital Workforce

by Hiran Perera

The old adage that doctors make the worst patients is also true for staffers across the hospital workforce. Finding time to eat right and get enough exercise can be a challenge for many. Unfortunately, when that happens — not only is the hospital short on staff due to absenteeism and tardiness — but a lack of physical exercise also interferes with employee engagement so workers are less focused which can cause slow-downs in process and all around inefficiency.

So, what can a hospital or healthcare practice do when they can't afford to bring a gym in-house or pay for individual memberships to the neighborhood gym? Walk. Yes, believe it or not, designing and implementing an employee walking program can make a huge difference in workforce morale, efficiency, and initiative. Here's how one hospital did it.

Hancock Regional Hospital (Indiana-area) believed that since their business purpose is to make people healthy — their workforce should be healthy, too. Their plan was to bring a well-designed walking program to their team. Although overall wellness programs -are part of the fabric at Hancock — the hospital C-suite wanted to further it along to produce a measurable ROI. Led by Jayme Kramer, HR generalist at Hancock Regional, she knew the benefits of a company walking program and she also knew it would work best if integrated with the employee rewards program which is why she came to our organization.

The result is a customized 3-year walking program which provides USB pedometers to every participating employee and tracking of validated steps on a portal site along with a cumulative rewards program. The yearlong rewards program goes like this. When an employee reaches 500,000 steps they earn $35. When they reach 1 million steps they receive $75, and when 2.5 million steps are achieved they earn $140 – a potential total of $250 a year. Not only do employees get cash incentives, but for Hancock Regional — the results have been measurable.

Twenty-five percent of the participating employees have been walking 10,000 steps a day or more and 74 percent are walking at least 6,000 steps a day. Hancock Regional has seen 35 percent of its employees lose weight since the program began.

Hancock Regional attracted 588 of their 840 workforce during their first year. Second year plans include extending the same rewards to spouses, and to employees' children in the third year.

Hancock Regional Hospital has always encouraged employees to be healthier and offered biometric screenings in the past. Now, as part of their new integrated wellness program, employees can earn quarterly incentives to keep their Body Mass Index below 30 and maintain a healthy blood pressure and LDL cholesterol level. Employees can also earn cash rewards for preventative screenings including mammograms, colonoscopies and prostate exams.

Rewards get everyone's attention — so whether hospitals choose cash, gift cards or merchandise programs — they are important to motivate since we know everyone loves prizes!

Recognizing achievements like top walkers can make it fun, but it is extremely important to include everyone in the mix. We encourage including milestone raffle drawings to keep everyone engaged and moving.

In addition to generating employee enthusiasm, increased morale and co-worker camaraderie — healthier employees provide the potential for a decrease in healthcare costs, too.

Four Ways to Walk Your Hospital to Wellness: Where, Why, Web & Wins

1. Give employees the "where". Use your office environment with paths that include routes both indoors and outdoors. Make getting up to take walks at breaks and lunchtime part of your corporate culture. Use signage on elevators encouraging staff to take the stairs.
2. Give employees the "why". Take the stats so every employee understands their health risk assessments and biometric data before starting. Employees will have a stronger sense of cause and effect when they see their physical results improve after participating in a walking program.
3. Give employees the "web". From tracking the data with USB pedometers to an easy computer upload – make sure your walking program has the automated capability to track. Online websites that allow easy communication with and among employees, as well as provide real-time data, are far more motivating than static data. Employee recognition with validated data will give your employees confidence that incentives are fairly distributed.
4. Give employees the "wins." Everyone may want to walk – but at their own pace. Realize that many will approach this as a real competition while others will want to keep it fun and relaxed in a social or collaborative way. Create walking programs and challenges to meet the needs of all your employees and make the rewards practical for the goals. No one wants to walk a marathon for a $10 gift card so make sure your rewards motivate and make sure you provide opportunities for everyone to win along the way.

Hiran Perera is the CEO of Walkingspree, a specialized wellness provider delivering walking programs for health insurers and corporate clients. Based on USB pedometers that track validated steps, as well as active social media networks and interactive food and body trackers, these programs typically deliver more than 50 percent employee participation and consistent year-over-year member retention. Results are healthier employees and a positive return on investment for clients. He can be reached at Hiran@Walkingspree.com.

MASH Provides Old-Fashioned Networking for Pittsburgh's Healthcare Community

By Erin Lewenauer

Marketing, Admissions Supporting Healthcare (MASH) is a progressive organization, co-founded by Kerry Beck and Shandra Harcarik, who have worked together for nine years and are deeply dedicated to the field of healthcare. Their mission is to exist as a community resource for Seniors, families, and professionals through education, special events, and networking. As MASH continues to grow it offers free networking events for all healthcare professionals that are old-fashioned in the best way: local and in person.

The successful duo bonded years ago as the result of a common mindset. "Our philosophy of taking care of the patient first and everything else will fall into place, is something that we both share," says Beck. "We both believe that there is always a new and better way of doing something and we wanted a networking group that helps people succeed both personally and professionally. When you attend our meetings you will find eager colleagues, friends, and speakers that will provide meaningful information and tools to improve your business skills as well as valuable information for your clients."

Beck's career began with the study of Gerontology, Business Administration, and Human Resources at the graduate level. She has now been a part of the Senior Health Industry for over 20 years and worked everywhere from Skilled Nursing to Assisted Living to Hospitals. Currently, Beck is an Advisor for Senior Living Advisors, a compassionate, free community resource; they provide expert, personal guidance to families who need assistance in choosing quality and affordable living arrangements. Beck assists Seniors in making the next move to Independent Living, Personal Care Home, Assisted Living, or Secure/Memory Care.

"As an Advisor, we help the families every step of the way until their loved one has moved into the community of their choice," says Beck. "I have always enjoyed working with people and strive to meet their needs. I help families navigate through difficult situations."

Harcarik, RN, BSN, initially worked in Cardiac Care and other critical care units. She then became a clinical instructor for Duquesne University and was eventually offered a position in Medical Sales in the Home Health Field. She feels she has found her niche and is currently the Director of Marketing and Education for Gallagher Home Health Services. This unique, local, company is owned by a Registered Nurse's family. They offer comprehensive Home Health Services such as Skilled Nursing, Physical Therapy, Occupational Therapy, Speech Therapy, and Disease Management Programs as well as home health aides and licensed social workers.

"We maintain an unsurpassed level of integrity in the business," say Harcarik. "This year we started a re-hospitalization task force to help patients stay out of the hospital. We specialize in caring for Seniors and helping people stay healthy and stay home! I love being a resource to others in the community. I can go home each day and feel like I made difference in someone's life."

"The Greater Pittsburgh area is a perfect location for Healthcare Collaboration," Beck concludes. "There is such a diverse group of services provided that it is possible to meet someone new and learn something different at each MASH meeting. The organization strives to help everyone succeed."

MASH meetings are held the last Thursday every other month at 9 a.m. at rotating sites in the Pittsburgh area. To contact Kerry Beck at Senior Living Advisors call 412-860-7516, email sla.kerry@yahoo.com, or visit http://www.seniorlivingadvisorsltd.com/. To contact Shandra Harcarik at Gallagher Home Health Services, call 412-279-7800 or visit www.gallagherhhs.com.

Why You Should be Eating Seaweed

By Michael A. Smith, M.D.

When was the last time you added seaweed flakes to your soup or salad or crusted fish or other protein? Well, if you're like most Americans, the answer is probably *never*.

As a matter of fact, it's probably safe to assume that the only seaweed you eat comes from sushi — and this only occasionally, if you eat sushi at all.

But think about this … the Japanese tend to live long lives. Now scientists agree that there are many factors involved; however, one dietary element stands out that is virtually unique to the Japanese diet: regular consumption of seaweed — as much as 4–6 grams per day.

So now we've already added red wine and olives to our diets, let's go ahead and add seaweed to round it all out. Below we'll take a look at what seaweed can do for you if you eat it regularly.

Seaweed Can Help You Lose Weight

Seaweed contains alginates — sugar compounds found within the cell walls of seaweed species. The American Journal of Clinical Nutrition published a double-blind, placebo-controlled study involving 96 obese subjects showing weight loss potential for alginates. All participants were placed on the same diet and exercise regimen, but half received an alginate extract and the other half a placebo.

The researchers reported that the subjects taking an alginate extract lost an average of 15 pounds, compared to 11 pounds in the placebo group. That's a difference of 4 pounds, which may not seem too big, but it is definitely big enough to warrant further investigation.

Seaweed Could Help Protect Against Estrogen-Related Cancers

Now this is just a case report, but it looks interesting. The International Society for Complementary Medicine discovered that dietary intake of Bladderwrack — a brown seaweed — produced anti-estrogenic effects in three pre-menopausal women. According to the study's authors, these findings suggest that Bladderwrack may help reduce the risk of estrogen-related cancers.

However, the authors caution that further research is needed before any conclusions about Bladderwrack's cancer-fighting effects can be drawn.

Seaweed Detoxifies and Promotes Tissue Repair

Another component of seaweed is called fucoidan. Scientists at the Institute for Cell and Developmental Biology in New York have discovered that these are cell-surface molecules that facilitate cell-to-cell signaling, the core regulatory process responsible for everything from immunity and cardiovascular function to healthy cellular proliferation.

Fucoidans also modulate growth factors required for healing and tissue regeneration, while blocking those associated with visible aging. This is largely the result of their immune-modulating capabilities and ability to down-regulate inflammation.

How to Use Brown Seaweed

You have to prepare seaweed for use in cooking. Seaweed is usually dried for packaging, and some varieties of seaweed, such as arame and wakame, need to be soaked before you use them. Read the directions on the package. Also, some seaweed can be used as dried flakes.

Add Asian seasonings to your seaweed variety of choice for great flavor. Take a type of seaweed that can be used as flakes and add your choice of seasoning … then just toss in your favorite salad. Popular seaweed seasons include toasted sesame oil, sesame seeds, tamari, brown rice vinegar, carrots, onions and cucumbers.

Or how about this one: make a sandwich with sautéed seaweed. A simple recipe is to put sautéed arame or wakame on wholegrain toast with cream cheese. Or try using fried dulse to replace bacon in a BLT. It's actually delicious!

Michael A. Smith, M.D. is a staff doctor, senior health sciences specialist and community relations liaison with Life Extension® (www.LifeExtension.com) of Fort Lauderdale, Fla., a pioneer in funding and reporting the latest anti-aging research and integrative health therapies, as well as offering superior-quality dietary supplements. Dr. Smith can be seen on the new Suzanne Somers Show this fall on the Lifetime Network.

Sexual Behavior Problems Stimulate Work for Area Healthcare Professionals

By Robert M. Schwartz, Ph.D.

Despite the great promise of the "sexual revolution" beginning in the 1960s, we still face more sexual challenges than ever. Over a lifetime, 40%-60% of women will experience desire and orgasm problems and 30%-40% of men will report problems with erection and ejaculation. More alarming, the growing frequency of alleged or actual sexual misconduct by people associated with high-profile organizations (e.g., U.S. military, Catholic Church, Highmark, Pittsburgh Steelers, Penn State University) shows how pervasive inappropriate sexual relationships have become. This fact, combined with increased accessibility, anonymity and affordability of Internet-based sexual content, puts the need for professional treatment of destructive sexual behavior at an all-time high.

Such dysfunction cuts across all socio-economic classes worldwide. Although our "new morality" tolerates permissiveness in unprecedented ways, it fails miserably in fostering a *healthy* sexual climate. Instead, the "anything goes" attitude has led to the proliferation of activities that costs society billions of dollars annually, destroys families, weakens our sense of community and wreaks havoc on productivity.

Traditionally, problems related to abnormal sexual behavior have been treated through psychoanalysis (Freud) or behavior modification (Masters & Johnson). In more than 30 years of clinical practice, I have found that an integrated, *cognitive-dynamic approach* combining behavior change strategies with a resolution of deep-seated problems from childhood or adolescence is the most effective way to treat people's sexual difficulties. Most sexual abusers have themselves been abused, resulting in emotional wounds and a "vandalized lovemap" that impels them toward inappropriate sexual feelings and behaviors, but these wounds can generally be healed through intensive cognitive-dynamic therapy.

Sexual dysfunction remains common, and today's stressful dual career marriages are contributing to make low or inhibited sexual desire the primary complaint of most couples. Dr. David Schnarch, one of my mentors, has revolutionized the sex therapy field by demonstrating that sexual problems are not unnatural, but surprisingly are part of nature's way of challenging people to grow and develop a more mature and well differentiated sense of self. When not medically caused, the source of low sexual desire, according to Dr. Schnarch, is a weak sense of self and a lack of ability to manage emotions that leads people to fear intimacy and put up walls that interfere with sexual desire and functioning. A strong and stable sense of self is the essential ingredient for good sex. The powerful, universal drive to connect sexually provides a challenge and opportunity to grow strong enough to tolerate true intimacy and, consequently, to enjoy passionate sex. Historically, our culture has misunderstood the nature of sexuality and naively expects sex to be "natural" and free of problems, which it never is.

My colleagues and I work with clients to integrate their feelings of sexuality with those of self-respect so individuals feel strong enough psychologically to engage in sexual relationships without the fear of being hurt or losing their individuality. By feeling secure and comfortable with themselves, individuals can then relax sufficiently so inherent biological processes occur and result in the development of fulfilling, long-term monogamous relationships.

Fitting well with our region's steelmaking heritage, Dr. Schnarch calls the sexual union of two individuals into one unit, a "crucible." Although participants have chosen to become a single entity in the relationship, they must also retain their individuality if the relationship is to flourish. Many people can be themselves, but not be in a relationship, or they can be in a relationship but not be themselves. These two types will, respectively, either avoid intimacy so they can maintain their sense of self, or seek intimacy but lose themselves in the process. The crucible approach to therapy shows the couple how their sexual interactions are really about deeper issues of self and how the naturally occurring sexual problems can be the impetus to strengthen their sense of self as well as their sexual satisfaction. The crucible of sex therapy is the container that holds things together while the partners break down barriers, grow stronger and discover their full sexual potential.

Putting theory into practice, it's important to note that women more than men need to feel an emotional connection in a relationship. If they have a weak sense of

See **SEXUAL** On **Page 37**

SEXUAL From **Page 36**

self they will depend too heavily on the man to validate their self-esteem rather than validating themselves. This neediness causes them to be overly pleasing and to control their partner in an attempt to get what they need, eventually leading to protective withdrawal by both that dampens sexual desire or impairs sexual functioning.

A woman I treated in my practice was involved with a man who was clearly addicted to Internet pornography, and often gratified himself in front of her despite her wish that he change his ways. She came to me for help, wanting to know if her partner was a sex addict and what she should do to improve her well-being and save the relationship.

Our sessions revealed that the client had been in a previous long-term relationship with an alcoholic who compromised her self-worth and personal safety. Additionally, the client told me she had been teased as a child because of her body type and had a poor self-image as a result of those experiences, so she felt she had no choice but to be victimized by men's bad behavior because she felt she was "undesirable and unlovable."

Further discussion enabled the woman to see that she did not deserve to be treated disrespectfully. Her growth in self-respect challenged her partner to grow in self-control, and only then were they both strong enough to engage in emotional intimacy and more passionate sex.

Fortunately, the Pittsburgh region has considerable resources for helping to treat and prevent sexual problems. By taking advantage of that expertise, western Pennsylvanians can continue to make this area one of the country's friendliest and most livable (and lovable) places.

Dr. Robert Schwartz is director of The Kurtz Center for Love & Intimacy, which helps couples achieve healthy relationships and satisfying sexual lives. It also trains and certifies sex therapists, educates physicians and conducts workshops in sexuality and sex therapy.

The Center is based in the Oakland offices of Cognitive Dynamic Therapy Associates (CDTA — www.cogdyn.com) and was named in honor of Dr. Shirley Kurtz, a student of Masters and Johnson and a pioneer of sex therapy in Pittsburgh. CDTA has one of the world's largest concentrations of AASECT-certified sex therapists (American Association of Sexuality Educators, Counselors and Therapists).

Treating Gay and Lesbian Couples

By Kathleen Ganster

It's "easier" these days for gay and lesbian patients at medical facilities, according to Joe Cresto, who lives in Pittsburgh with his partner, John Estes.

"As far as past treatment, yes, it has come a long way since the first days of AIDS and how gays were treated," he said.

"I remember what Keith and I and his family went through with nurses and doctors refusing to go into his room for fear of contact, and how we were treated by people even in the waiting room, said Cresto of his late partner, "But being 20 years ago, there is no comparison now."

Part of the reason for the change in healthcare and the attitudes of healthcare providers are the strides the providers themselves have made to ensure gay and lesbian couples are treated well.

Jamie Scarano is the Director of Integrated Inclusion Strategy at the UPMC Center of Inclusion. According to Scarano, their key mission is to ensure every patient is treated with dignity and respect.

"And that includes the LGBT community," she said.

The Center provides the tools and resources to assist UPMC staff in dealing with all members of the community, regardless of what aspect of the patients' lives that may be unfamiliar to the staff including religion, ethnic background, culture, etc.

"Our Employee Non-Discrimination Policy and our Patient Bill of rights both cover sexual orientation," Scarano added.

Based on the belief that "inclusion is at the core of what we do everyday," education is a major factor in assisting staff to understand and know how to best assist their patients without offending them.

UPMC has a tool that they purchased called "Cultural Vision," an online resource that provides culturally competent patient-care information.

"A staff member can learn about someone from a different culture or belief so that they can provide them with the best care possible," she said.

Scarano emphasized how important these differences can be when she used an example about childbirth policies. Since it is widely accepted and encouraged for fathers to be present during their children's births in our society, the healthcare system has educated their staff on various cultures where it would be insulting for the father to be present for the event.

"Just because we think it is 'normal' doesn't mean it is for everyone," she said.

Treating patients with dignity and respect doesn't mean the staff has to change their own beliefs; Scarano is quick to point out.

"We aren't asking anyone to change their beliefs – we just want them to have the awareness to treat everyone with dignity and respect and they way they would want to be treated," she said.

While some healthcare providers may still be nervous of couples who aren't married making decisions and having visitation rights, it isn't a topic isolated to just gay couples.

Cresto recommends a method of dealing with any issues.

"We did do something that every gay couple and those straight couples not married should do - we have Power of Attorney for each other. This way, there should not be any question as to what information we receive," said Cresto.

Jamie Scarano, Director of Integrated Inclusion Strategy at the UPMC Center of Inclusion

Scarano said the Power of Attorney is always a good idea and while it may not be needed, it is better to have it in hand.

"We had a gentleman come in and he and his partner were delighted that none of the staff needed to see it, although he was prepared if asked," she said.

Scarano said the Center has a "Dignity & Respect Campaign" where they have asked staff to treat their patients and their families with dignity and respect.

"That helps our employees know and understand how to treat everyone," she said.

UMPC has also recently updated their Domestic Partner Eligibility on July 1 that states couples need to be together only three months as opposed to the former requirement of 12 months.

Of course, there is always room for improvement, said Scarano, but as long as healthcare providers make an effort to provide education and the resources for their staff, strides can continue to be made to provide quality, culturally competent care for everyone.

"We recently had a huge presence at the PRIDE event in June and we had a contingent in the parade," she said, "We not only work with our staff, but we want it to be known that UPMC supports the LGBT community and want everyone to be treated with dignity and respect."

Healthcare providers must "keep the conversations going," to ensure dignity and respect in every aspect of their experience, said Scarano.

Cresto agreed and feels the gay and lesbian couples need to be straight-forward as well.

"They need to be up- front as to what they expect and be assured that they feel they are getting the best treatment without any problems related to their being gay," he said.

Virtual OfficeWare Welcomes New Executive Recruiter


Dan Roberts

As Virtual OfficeWare's (VOW) HR Consulting Services business grows, the need for hiring experienced staff is essential. VOW was pleased to welcome a new addition to this division to help support and manage advanced recruitment resources. **Dan Roberts** was hired on July 9 as the Executive Recruiter of the HR Consulting Services Division.

Roberts brings over 20 years of experience in recruitment management. He joins the VOW's consulting team to better assist in HR recruitment, new business development, and marketing endeavors. Roberts has secured and executed searches for mid-level managers to C-Suite Executives on a national basis. His academic studies are in Business Administration and Marketing from Penn State University. Along with his academic achievements, Robert's recruiting specialties span Healthcare, Hospital Staff and Administration, Pharmaceuticals, IT Solutions, Advertising and Human Resources.

VOW's HR Consulting division is growing and has begun the transformation into a separate business aside from VOW. An affiliation with VOW will remain; however, the new HR consulting business will be known as Dominion Business Resources (DBR) and will operate independently from its origin company, VOW. Although, the consulting business will be managed under a different name, the same service offerings will be supported. DBR will uphold existing services to all walks of commerce – not just healthcare, which is VOW's targeted market space. HR Consulting includes a variety of services, such as Talent Acquisition, Temporary Staffing, Project Management, Training and Support Services, and HR Check Ups.

"Our clients are recognizing the value of our HR services and their need for staffing and compliance support has increased. To best support our clients with HR support so that they can focus on their mission – providing quality patient and customer care and growing their businesses, we are fortunate to have secured an experienced executive recruiter to identifying excellent candidate matches for our clients. Roberts will be instrumental in the growth and success of VOW's HR Consulting Services and Dominion Business Resources," stated Anita Gavett, PHR, Director of HR Consulting Services.

As both a Contract Recruiter and Retained Specialist, Roberts has searched for, and delivered entire Sales and Marketing Departments for clients, Managing Directors for interactive agency startups and assisted a Fortune 500 firm re-staff over 150 executives following an internal reorganization. Some of these successes came while competing against some of the largest retained firms in the U.S.

"We feel Dan will be a great asset to the consulting team. He has initiative and shares the vision that mirrors our mission for HR Consulting. Only after a few conversations with Dan, I quickly realized that he genuinely likes helping people and feels comfortable working with people on all levels. He has an enthusiastic personality; and if you combine that quality with his talents, you can rest assured, good things are about to happen," commented Erika Leroch, VOW's Marketing Director.

To learn more about Dan Roberts, visit his profile located at: http://www.virtualofficeware.net/UserFiles/File/DanRobertsProfileandPic.pdf. To read more about VOW's HR Consulting Services, please visit: www.virtualofficeware.net/HR-Consulting-Services.

Shriners Names New Development Officer


Richard E. Liebel, Jr.

Richard E. Liebel, Jr. has been named the development officer for the Shriners Hospitals for Children Erie Ambulatory Surgery Center and Outpatient Specialty Care Center. Liebel comes to Shriners Erie from SafeNet, Inc. in Erie, a shelter and advocacy organization for abused and battered individuals, where he served as the public relations and development director for the past seven years. Prior to that, he served as press secretary and public relations director for the Erie Maritime Museum/US Brig Niagara for nine years.

A long-time Erie resident, Liebel spearheaded the fundraising drive for the SafeNet "Big Back Yard" Project, raising some $350,000. He also raised more than $2 million for the SafeNet 2006-07 capital campaign. Liebel is well-known in the Erie community, currently serving as a member of the Perry 200th Commemoration Committee, Board member of the 2011-12 United Way Campaign, and as a member of numerous professional organizations such as the American Fundraising Professionals, Erie Small Business Alliance and the Rotary Club of Erie.

For more information, visit www.shrinershospitalsforchildren.org.

Healthcare Professionals in the News

Chief Nursing Officer Joins The Children's Institute


Beverly G. Farinelli

Beverly G. Farinelli, BSN, MHA, has joined the staff of The Children's Institute of Pittsburgh as Chief Nursing Officer. She is responsible for the integration, coordination and direction of Nursing, Patient Care and Program Case Management within the overall operation.

Most recently, Ms. Farinelli was Vice President of Hematology/Oncology/Blood and Marrow Transplantation for Nationwide Children's Hospital in Columbus, Ohio. Prior to that, at Children's National Medical Center in Washington, DC, she held positions including Director of Special Projects, Director of Strategic Operations and Chief Operating Officer for Safe Kids Worldwide, a global network of organizations focused on preventing unintentional childhood injury.

She holds a Bachelor of Science in Nursing from Wright State University and a Master of Science in Healthcare Administration from Central Michigan University. She has presented at various professional conferences and has been heavily involved in community activities centered around children's health issues.

For more information, visit www.amazingkids.org.

Saint Vincent College Names New Vice President for Marketing, Communications


Suzanne Wilcox English

Suzanne Wilcox English has been appointed vice president of marketing and communications at Saint Vincent College effective July 1, according to an announcement by Br. Norman W. Hipps, O.S.B., president.

In the newly-created position, she will be responsible for leading the College in developing an integrated marketing and communication effort directed at student recruitment in meeting enrollment challenges and prospective donors in meeting fund raising goals.

English earned a bachelor of arts degree in journalism and mass communication with highest honor from St. Bonaventure University and a master of business administration degree from The University of Findlay.

She previously served as director of public information at the University of Findlay and as director of media relations and senior team leader in marketing and public relations at St. Bonaventure. At Findlay, she also served as a project leader for Habitat for Humanity, freshman community service projects and Women Build. She was also an adviser to the Public Relations Student Society of America and an adjunct professor of public relations writing.

Active in professional service, she is president of the Northwest Ohio Chapter of the Public Relations Society of America and has served as a public relations consultant for the Paige Marketing Group. She has been active in civic, community and church service projects.

She and the St. Bonaventure communications team were recognized with the Bronze Excalibur Award for Crisis Communications by the Buffalo/Niagara Chapter of PRSA, and she has received the Editorial Staff Person of the Year Award from American Publishing Company and a First Place Award for Best News Reporting from the Associated Press Managing Editors of Pennsylvania. She is a graduate of the inaugural class of Leadership Cattaraugus, Cattaraugus County, N.Y.

She is professed as a lay member of the Order of Franciscans Secular.

For more information, visit www.stvincent.edu.

2-Day Seminar Teaches Nurses How to Bully-Proof and Protect Themselves at Work

Renee Thompson, MSN, RN, CMSRN, a professional development and communication expert is hosting a 2-day seminar at the Golden Nugget in Atlantic City on September 26 and 27 to teach nurses how to bully-proof and protect themselves in the work environment and how to effectively communicate with members of the healthcare team. During this seminar, Renee will also launch the release of her first published book titled, "Do No Harm" Applies to Nurses Too! Strategies to protect and bully-proof yourself at work.

85% of all medical error can be linked to poor communication and bad behavior among healthcare providers. Renee's seminar teaches nurses how to work collaboratively as a team, communicate effectively and bully-proof their work environment, thereby decreasing error and improving patient care.

Thompson is the President and CEO of RTConnections, LLC. She speaks nationwide to healthcare and academic organizations on how to create positive, healthy work environments by improving the clinical and professional competence of the nursing workforce. Effective communication and conflict resolution, inter-professional collaboration and bullying are her most popular topics.

"Patients deserve to be cared for by competent, compassionate nurses and nurses deserve to believe they make a difference," she says. Thompson shows organizations and individuals how to make that happen.

For more information, email renee@rtconnections.com or call 412.445.2653.

Southwest Regional Opens Wig Salon

The American Cancer Society (ACS) recently opened a wig salon within Southwest Regional Medical Center. The salon is available to help cancer patients manage the impact of cancer on their lives by providing one free wig to each patient.

The salon operates by appointment and is staffed by a group of dedicated volunteers. The salon is located at the SRMC Hematology and Oncology Center, which is located on the first floor of Southwest Regional Medical Center. Appointments are held privately to ensure comfort for each patient.

"When I had cancer I had to go to Washing County to get my wig," shared Valerie Cole, Wig Salon Volunteer. "I am so happy that we can offer this locally to those who need it."

To make an appointment call 724-627-2412.

Pictured from left are: Melanie Christopher, RN and Director of the SRMC Hematology and Oncology Center; Rosemary Andrew, salon volunteer and cancer survivor; Kathleen Rowe, ACS Senior Health Initiatives Representative; Valerie Cole, salon volunteer and cancer

Around the Region

Call for Entries! 2013 Best Practices in Homecare and Hospice Awards Program

With more and more seniors wanting to stay at home as they age, the homecare field is growing exponentially to meet the demand for in-home services. To promote high quality and innovative care, the Pennsylvania Homecare Association is calling on home health, hospice and homecare providers across Pennsylvania to submit their best practices for consideration in the 2013 Best Practices in Homecare and Hospice Awards program.

Awards are presented in four categories: Care & Services, Community Outreach & Advocacy, Human Resources Management and Operations Management. Entries must effectively demonstrate process and/or planning, staff involvement, measured improvement and an ability to be replicated.

"Every agency has a success story and a gold standard program that has improved patient outcomes, operations, employee relations or made a mark on the communities it serves," said Vicki Hoak, PHA CEO. "This awards program is all about sharing successes and ideas to ensure that our agencies provide the best possible home health, hospice and homecare services.

"Best Practices are really about Next Practices," she added. "In this ever-changing healthcare climate, now is the time to be innovative, to embrace risk, to engage our staff in furthering our vision for the future of home health and hospice services."

PHA established the awards in 2010 to showcase the homecare and hospice industry as a whole for its exceptional, yet often unrecognized work and contributions to the healthcare continuum. It is estimated that more than one million Pennsylvanians receive homecare and hospice services each year and research shows that homecare presents significant cost savings to both Medicare and Medicaid compared to institutional-based care.

Agencies can submit entries to the Best Practices Awards program in three quick and simple steps:

Complete a cover form. Entry forms are available online.

Describe your agency's program in 800 words or less.

Gather relevant supporting materials and send the information to PHA by the entry deadline of Dec. 31, 2012.

To learn more, visit www.pahomecare.org.

Lake Erie College of Osteopathic Medicine Completes New Addition

The Lake Erie College of Osteopathic Medicine in Erie completed construction on a new addition that provides improved security and more space for the college. Students, faculty and staff began using the new north entrance to the Grandview Boulevard campus on July 3. The new entrance allows easier access from the main parking lots.

The new, two-story building extension creates a secure entrance for students, employees and visitors. Construction of the 10,000 square-foot building included additional meeting rooms, offices and maintenance facilities. The LECOM Campus Police office has relocated to the first floor entrance providing safety for anyone entering the building. The first floor has a museum display space for a growing collection of medical-related historical and educational material.

The second floor of the addition connects to the original first floor reception area where only students, employees and visitors with identification badges will have access to the rest of the building.

This level will include admission interview rooms and a 50-seat conference room where admissions staff will hold interviews for prospective students. The College receives more than 10,000 medical and pharmacy student applications for the Erie campus each year and interviews nearly 2000 applicants to fill the entering classes.

Handicapped parking is provided in front of the new entrance for easier entry especially in inclement weather. In preparation for the new entrance opening, the College had the main parking lots repaved and lined for spaces and driving lanes.

A new sidewalk was added along to the east side of the main building to allow safe travel on foot from West Grandview Blvd. to the new entrance.

For more information, visit www.lecom.edu.

New north entrance to the Grandview Boulevard campus

Health Care Event & Meeting Guide

29th Annual Family House Polo Match
September 8
Hartwood Acres
For more information, visit www.familyhouse.org

Parish Nurse Preparation Course
Presented by Mercy Parish Nurse and Health Ministry Program
September 21-22 and October 5-6
Sister M. Ferdinand Clark Auditorium at UPMC Mercy
1400 Locust Street
Call 412.232.5815 or visit www.pmhs.org.

Family Hospice Memorial Walk
September 23, 10am
Roberto Clemente Memorial Park on the North Shore
To register, call 412-572-8812, or visit www.FamilyHospice.com.

Diabetes Innovation 2012
September 23-25
Hyatt Regency Crystal City
Arlington, Virginia
To register, visit www.joslin.org/diabetesinnovation2012.html

ARMA International's 57th Annual Conference and Expo
September 23-25
McCormick Place
2301 S. Lake Shore Drive, Chicago
To register, visit www.arma.org/conference/2012/Chicago.aspx

The Crohn's & Colitis Foundation presents THEparty
October 6
Broad Street in East Liberty
Call 412-823-8272 ext. 4001 or email skukic@ccfa.org.

National ADHD/ADD Awareness Week
Free Lectures
Oct. 15, 6:30-8pm: Cranberry Public Library
Oct. 16, 7-8:30pm: Rodef Shalom Congregation (Oakland)
Oct. 17, 7-8:30pm: South Hills Christ United Methodist Church
Oct. 18, 6-8:00pm: Cooper-Siegel Community Library (Fox Chapel)

Free Continuing Education Programs for Social Workers & Registered Nurses
Sponsored by Baptist Homes Society
October 17
Providence Point
Topic: Workplace Bullying
Email slauer@baptisthomes.org or call 412.572.8058

Visioning Ministries of Health
Presented by Mercy Parish Nurse and Health Ministry Program
October 20, 9am-1:30pm
Sister M. Ferdinand Clark Auditorium at UPMC Mercy
1400 Locust Street
Registration deadline: October 12
Call 412.232.5815 or email parishnurse@mercy.pmhs.org

Western Pennsylvania
Hospital News

The region's only monthly healthcare report

340 Francyne Court, NE, Atlanta, GA 30328-5233
Phone: 412.475.9063 • Fax: 770.392.3303
Email: hdkart@aol.com • Website: www.wphospitalnews.com

HARVEY D. KART
Publisher
412.475.9063 • hdkart@aol.com

DANIEL CASCIATO
Assistant to Publisher
412.607.9808 • writer@danielcasciato.com

KRISTEN KART
Director of Marketing
kristenkart@wphospitalnews.com

BETH WOOD
Art/Production

Contributing Writers
Daniel Casciato
John Chamberlin
Christopher Cussat
Elizabeth Fulton
Kathleen Ganster
Elizabeth Pagel-Hogan
Erin Lewenauer

SISTER PUBLICATIONS
Atlanta Hospital News
Josh Felix, Publisher
jfelix@atlantahospitalnews.com

Chicago Hospital News
Josh Felix, Publisher
jfelix@chicagohospitalnews.com

South Florida Hospital News
Charles & Carol Felix, Publishers
sflahospitalnews@aol.com

CONTACT THE NEWSROOM:
Hospital News welcomes story ideas, etc.
Call Daniel Casciato at 412.607.9808 or email writer@danielcasciato.com.

SUBSCRIPTIONS
One Year - $30
Two Years - $45
Three Years - $60

Resource Directory

Contact Harvey Kart to find out how your organization or business can be featured in the Hospital News Resource Directory. Call 412.475.9063, email hdkart@aol.com or visit wphospitalnews.com.

CHILDREN'S SERVICES

THE CHILDREN'S HOME OF PITTSBURGH & LEMIEUX FAMILY CENTER

Established in 1893, The Children's Home of Pittsburgh is an independent non-profit organization whose purpose is to promote the health and well-being of infants and children through services which establish and strengthen the family. The Children's Home has three programs: a licensed infant Adoption program, Child's Way® day care for medically fragile children, birth to age 8, and a 24-bed Pediatric Specialty Hospital, providing acute care for children ages birth to 21, transitioning from hospital to home. Additionally, our Family Living Area provides families with amenities to help make our hospital feel more like home, allowing them to stay overnight with their child. For more information, visit www.childrenshomepgh.org.

Facebook: http://www.facebook.com/ChildrensHomePgh
Twitter: http://twitter.com/ChildrensHome
YouTube: http://www.youtube.com/user/Chomepgh
5324 Penn Avenue,
Pittsburgh, PA 15224
(412) 441-4884

CONSULTING

RTCONNECTIONS, LLC

RTConnections, LLC is a company dedicated to improving clinical and professional practice for nurses that are serious about the role they play in the delivery of healthcare. Through consulting services, workshops, inspirational presentations, retreats, and coaching, we are committed to meeting the needs of today's nursing professionals. Owned and operated by Renee Thompson, a nurse with over 20 years experience in the Pittsburgh and surrounding areas, RTConnections help nurses become heroes. If you are looking to re-energize nurses in your organization, RTConnections can help. For more information, contact Renee Thompson at 412-445-2653 or visit www.rtconnections.com.

DIGITAL DOCUMENT SCANNING

COMPUCOM INC.

Locally owned, locally operated. Managing your files in the digital world need not be a challenge! Save costly staff time and money with our Targeted Services approach to solving your document problems. Working within the guidelines you establish, we develop the best program for converting and maintaining your files. Our services include analysis, solution recommendation, scanning or microfilming and conversion of files to meet your needs. All performed professionally and confidentially. COMPUCOM Inc. has been serving document management clients since 1978 with progressive technology that lets you concentrate on your business while we keep you running efficiently. Call for a free, no cost consultation.

COMPUCOM Inc.
412-562-0296
www.compucom-inc.com

DOCUMENT MANAGEMENT

ALPHA SYSTEMS

Alpha Systems provides innovative data and document management solutions that improve financial outcomes and enhance the patient information lifecycle. Our state-of-the-art applications and flexible methods of information collection and retrieval, data conversion, scanning and indexing, bridge the gap between paper and electronic environments, eliminating bottlenecks and ensuring a steady flow of complete and accurate information. Alpha Systems capabilities include Document Scanning, Electronic Document Management Software, Computer Assisted Coding and Electronic Discovery Services. For nearly four decades of expertise and a feature-rich platform combine to improve workflows and bring instant ROI to all processes from pre-registration and clinical documentation to coding and billing. Backed by the highest security standards, Alpha Systems integrates easily into most inpatient and ambulatory information systems.

EMPLOYMENT DIRECTORY

INTERIM HEALTHCARE HOME CARE AND HOSPICE

Offers experienced nurses and therapists the opportunity to practice their profession in a variety of interesting assignments – all with flexible scheduling and professional support. Assignments in pediatric and adult home care, school staffing, and home health or hospice visits. Full or part-time - the professional nursing and healthcare alternative throughout southwestern Pennsylvania since 1972.

Contact Paula Chrissis or
Julia Szazynski, Recruiters
1789 S. Braddock,
Pittsburgh, PA 15218
800-447-2030
fax 412 436-2215
www.interimhealthcare.com

ST. BARNABAS HEALTH SYSTEM

RNs, LPNs, Home Care Companions, Personal Care, Attendants, Hospice Aides, Dietary Aides. St. Barnabas Health System frequently has job openings at its three retirement communities, three living assistance facilities, two nursing homes, and an outpatient medical center that includes general medicine, rehab therapy, a dental practice, home care and hospice. Campuses are located in Gibsonia, Allegheny County, and Valencia, Butler County. Enjoy great pay and benefits in the fantastic suburban setting. Both campuses are a convenient drive from the Pennsylvania Turnpike, Routes 8, 19 and 228, and Interstates 79 and 279. Contact Margaret Horton, Executive Director of Human Resources, St. Barnabas Health System, 5830 Meridian Road, Gibsonia, PA 15044. 724-444-JOBS; mhorton@stbarnabashealthsystem.com., www.stbarnabas healthsystem.com.

EXTENDED CARE & ASSISTED LIVING

ASBURY HEIGHTS

For over a century, Asbury Heights, operated by United Methodist Services for the Aging, has been providing high-quality compassionate care to older adults in Southwestern Pennsylvania. Asbury Heights is a faith-based, non-profit charitable organization located in Mt. Lebanon. Through various accommodations, services and amenities, the needs of independent living residents can be met. For residents requiring more care, the continuing care community also offers assisted living, nursing and rehabilitative care and Alzheimer's specialty care. The Health and Wellness Center is headed by a board certified, fellowship trained geriatrician. Residents may be treated by on-site specialists or retain their own physicians. Rehabilitative therapies are also available on-site. A variety of payment options are available to fit individual financial situations. The application process is very quick and easy and does not obligate the applicant in any way. For more information, please contact Joan Mitchell for independent living; Michele Bruschi for Nursing Admissions; or Lisa Powell for Assisted Living at 412-341-1030. Visit our website at www.asburyheights.org.

BAPTIST HOMES SOCIETY

Baptist Homes Society, a not-for-profit organization operating two continuing care retirement communities in Pittsburgh's South Hills region, has served older adults of all faiths for more than 100 years. Baptist Homes, nestled on a quiet hillside in Mt. Lebanon, serves nearly 300 seniors. Providence Point, a beautiful 32-acre site in Scott Township, has the capacity to serve more than 500 older adults. Each campus has a unique identity and environment yet both provide a full continuum of care, including independent living, personal care, memory support, rehabilitation therapies, skilled nursing, and hospice care. Baptist Homes Society is Medicare and Medicaid certified. Within our two communities, you'll find a the lifestyle and level of care to meet your senior living needs. To arrange a personal tour at either campus, contact: Sue Lauer, Community Liaison, 412-572-8308 or email slauer@baptisthomes.org.

Or visit us at Baptist Homes
489 Castle Shannon Blvd., Mt. Lebanon.
(www.baptisthomes.org).
Providence Point:
500 Providence Point Blvd., Scott Twp
(www.providencepoint. org)

OAKLEAF PERSONAL CARE HOME

"It's great to be home!"
Nestled in a country setting in a residential area of Baldwin Borough, Oakleaf Personal Care Home provides quality, compassionate care to adults who need assistance with activities of daily living. As we strive to enhance the quality of life of our residents, our staff constantly assesses their strengths and needs as we help them strike that fine balance between dependence and independence. Oakleaf offers private and shared rooms, all located on one floor. Our home includes a spacious, sky-lighted dining room, library, television lounges, sitting areas and an activity room. Our fenced-in courtyard, which features a gazebo, provides our residents with a quiet place to enjoy the outdoors, socialize with family and friends, and participate in planned activities. Upon admission, the warmth of our surroundings and the caring attitude of our staff combine to make Oakleaf a place residents quickly call "home". Please call for additional information, stop by for a tour or visit us on our website. www.oakleafpersonalcarehome.com.

3800 Oakleaf Road,
Pittsburgh, PA 15227
Phone 412-881-8194, Fax 412-884-8298
Equal Housing Opportunity

PRESBYTERIAN SENIORCARE

Presbyterian SeniorCare is the region's largest provider of living and care options for seniors (Pittsburgh Business Times, 2012), serving approximately 6,000 older adults annually. Established in 1928, the non-profit, faith-based organization is accredited by CARF-CCAC as an Aging Services Network. In addition, Presbyterian SeniorCare was awarded five-year accreditation in 2011 as "Person-Centered Long-Term Care Communities" for all of its nursing communities. Providing a continuum of options in 56 communities across 10 western Pennsylvania counties, Presbyterian SeniorCare offers independent and supportive apartments, personal care, world-renowned Alzheimer's care, rehabilitation services, skilled nursing care and home- and community-based services. For more information please call 1-877-PSC-6500 or visit www.SrCare.org.

ST. BARNABAS HEALTH SYSTEM

Regardless of what lifestyle option a senior needs, St. Barnabas Health System has a variety of choices to fulfill that need. Independent living options include The Village at St. Barnabas apartments, The Woodlands at St. Barnabas and White Tail Ridge carriage homes, and The Washington Place at St. Barnabas efficiency apartments. Living assistance is available at The Arbors at St. Barnabas in Gibsonia and Valencia. Twenty-four hour skilled care is provided at St. Barnabas Nursing Home and Valencia Woods at St. Barnabas. St. Barnabas Medical Center is an outpatient facility that includes physicians, chiropractors, general medicine, rehab therapy, a dental practice, home care, memory care and hospice. The system's charitable arm, St. Barnabas Charities, conducts extensive fundraising activities, including operating the Kean Theatre and Rudolph Auto Repair. St. Barnabas' campuses are located in Gibsonia, Allegheny County, and Valencia, Butler County. For more information, call 724-443-0700 or visit www.stbarnabashealthsystem. com.

WESTMORELAND MANOR

Westmoreland Manor with its 150 year tradition of compassionate care, provides skilled nursing and rehabilitation services under the jurisdiction of the Westmoreland County Board of Commissioners. A dynamic program of short term rehabilitation services strives to return the person to their home while an emphasis on restorative nursing assures that each person attains their highest level of functioning while receiving long term nursing care. Westmoreland Manor is Medicare and Medicaid certified and participates in most other private insurance plans and HMO's. We also accept private pay.
Eagle Tree Apartments are also offered on the Westmoreland Manor campus. These efficiency apartments offer independent living in a protective environment.

Carla M. Kish, Director of Admissions
2480 S. Grande Blvd., Greensburg, PA 15601
724-830-4022

HEALTHCARE CONSULTING

PHASE IV, INC.

At PHASE IV I help the managers and staff members at healthcare organizations grow their businesses by providing superior patient experiences. I teach the importance of creating positive emotional connections with patients. By using principles that delight patients like reliability, responsiveness, knowledge and friendliness, I teach patient-centric behaviors that will increase patient loyalty and promote positive word of mouth referrals. As patient volume increases, your organization's revenues will rise and your bottom line will grow. If you want a financially sound organization that is built on a strong foundation of growing patient volume, then please call me at 412-341-2400. If you prefer to email me, my address is jim@phaseivinc.com. My name is Jim Domino and I would love the opportunity to help your organization grow.

HOME HEALTH/HOME CARE/HOSPICE

ANOVA HOME HEALTH AND HOSPICE

Anova Healthcare Services is a Medicare-certified agency that has specialized care in home health, hospice & palliative care, and private duty. Anova concentrates their care within seven counties in South Western PA. Through Anova's team approach, they have developed a patient-first focus that truly separates their service from other agencies in the area. Home Health care is short term acute care given by nurses and therapists in the home. Private duty offers care such as companionship, medication management and transportation services. Hospice is available for people facing life limiting conditions. With these three types of care, Anova is able to offer a continuum of care that allows a patient to find help with every condition or treatment that they may need. Anova's goal is to provide care to enable loved ones to remain independent wherever they call home. Anova Knows healthcare … Get to know Anova!

1229 Silver Lane, Suite 201
Pittsburgh, PA 15136
1580 Broad Avenue Ext., Suite 2
Belle Vernon, PA 15012
1-877-266-8232

CELTIC HEALTHCARE

Delivering innovative healthcare at home. Home healthcare, hospice, virtual care, care transitions and disease management. Learn more at www.celtichealthcare.com

GATEWAY HOSPICE

Gateway's hospice services remains unique as a locally owned and operated service emphasizing dignity and quality clinical care to meet the needs of those with life limiting illness. Quality nursing and home health aide visits exceed most other agencies. Our commitment to increased communication and responsiveness to those we serve is our priority. Medicare certified and benevolent care available. Gateway serves patients in Allegheny and ALL surrounding counties. Care is provided by partnering with facilities and hospitals in addition to wherever the patient "calls home".
For more information call 1-877-878-2244.

INTERIM HEALTHCARE HOME CARE AND HOSPICE

Interim HealthCare is a national comprehensive provider of health care personnel and services. Interim HealthCare has provided home nursing care to patients since 1966 and has grown to over 300 locations throughout America. Interim HealthCare of Pittsburgh began operations in 1972 to meet the home health needs of patients and families throughout southwestern Pennsylvania and northern West Virginia and now has offices in Pittsburgh, Johnstown, Somerset, Altoona, Erie, Meadville, Uniontown and Morgantown and Bridgeport WV. IHC of Pittsburgh has been a certified Medicare and Medicaid home health agency since 1982 and a certified Hospice since 2009. We provide a broad range of home health services to meet the individual patient's needs - from simple companionship to specialty IV care and ventilator dependent care to hospice care - from a single home visit to 24 hour a day care. IHC has extensive experience in working with facility discharge planners and health insurance case managers to effect the safe and successful discharge and maintenance of patients in their home.

For more information or patient referral, call 800-447-2030. Fax 412 436-2215
1789 S. Braddock, Pittsburgh, PA 15218
www.interimhealthcare.com

LIKEN HOME CARE, INC.

Established in 1974, is the city's oldest and most reputable provider of medical and non-medical care in private homes, hospitals, nursing homes, and assisted living facilities. Services include assistance with personal care and activities of daily living, medication management, escorts to appointments, ambulation and exercise, meal preparation, and light housekeeping. Hourly or live-in services are available at the Companion, Nurse Aide, LPN and RN levels. Potential employees must meet stringent requirements; screening and testing process, credentials, references and backgrounds are checked to ensure qualifications, licensing, certification and experience. Criminal and child abuse background checks are done before hire. Liken employees are fully insured for general and professional liabilities and workers' compensation. Serving Allegheny and surrounding counties. Free Assessment of needs available.
For more information write to Private Duty Services, 400 Penn Center Blvd., Suite 100, Pittsburgh, PA 15235, visit our website www.likenservices.com, e-mail info@likenservices.com or call 412-816-0113 - 7 days a week, 24 hours per day.

MEDI HOME HEALTH AND HOSPICE

Medi Home Health and Hospice, a division of Medical Services of America, Inc., has a unique concept "total home health care." We provide a full-service healthcare solution to ensure the best patient care possible. Every area of service is managed and staffed by qualified professionals, trained and experienced in their respective fields. Surrounded by family, friends and things that turn a house into a home is what home care is all about. Our home health care manages numerous aspects of our patients' medical needs. Our Hospice care is about helping individuals and their families' share the best days possible as they deal with a life-limiting illness. Most benefits pay for hospice care with no cost to you or your family. Caring for people. Caring for you. For more information or for patient referral please call 1-866-273-6334.

PSA HEALTHCARE

At PSA Healthcare, we believe children are the best cared for in a nurturing environment, where they can be surrounded by loving family members. We are passionate about working with families and caregivers to facilitate keeping medically fragile children in their homes to receive care. PSA Healthcare is managed by the most experienced clinicians, nurses who put caring before all else. Our nurses are dedicated to treating each patient with the same care they would want their own loved ones to receive. PSA is a CHAP accredited, Medicare certified home health care agency providing pediatric private duty (RN/LPN) and skilled nursing visits in Pittsburgh and 10 surrounding counties. The Pittsburgh location has been providing trusted care since 1996, for more information call 412-322-4140 or email scoleman@psakids.com.

HOSPITALS

PEDIATRIC SPECIALTY HOSPITAL

THE CHILDREN'S HOME OF PITTSBURGH & LEMIEUX FAMILY CENTER

24-bed, licensed pediatric specialty hospital serving infants and children up to age 21. Helps infants, children and their families transition from a referring hospital to the next step in their care; does not lengthen hospital stay. Teaches parents to provide complicated treatment regimens. Hospice care also provided. A state-of-the-art facility with the comforts of home. Family living area for overnight stays: private bedrooms, kitchen and living/dining rooms, and Austin's Playroom for siblings. Staff includes pediatricians, neonatologists, a variety of physician consultants/specialists, and R.N./C.R.N.P. staff with NICU and PICU experience. To refer call: Monday to Friday daytime: 412-441-4884. After hours/weekends: 412-596-2568. For more information, contact: Erin Colvin, RN, MSN, CRNP, Clinical Director, Pediatric Specialty Hospital, 412-441-4884 ext. 1039.

The Children's Home of Pittsburgh & Lemieux Family Center
5324 Penn Avenue
Pittsburgh, PA 15224.
www.childrenshomepgh.org
email: info@chomepgh.org

THE CHILDREN'S INSTITUTE

The Hospital at the Children's Institute, located in Squirrel Hill, provides inpatient and outpatient rehabilitation services for children and young adults. Outpatient services are also provided through satellite facilities in Bridgeville, Irwin and Wexford. In addition, The Day School at The Children's Institute offers educational services to children, ages 2-21, who are challenged by autism, cerebral palsy or neurological impairment. Project STAR at The Children's Institute, a social services component, coordinates adoptions, foster care and intensive family support for children with special needs.

For more information, please call 412-420-2400
The Children's Institute
1405 Shady Avenue,
Pittsburgh, PA 15217-1350
www.amazingkids.org

PUBLIC HEALTH SERVICES

ALLEGHENY COUNTY HEALTH DEPARTMENT

The Allegheny County Health Department serves the 1.3 million residents of Allegheny County and is dedicated to promoting individual and community wellness; preventing injury, illness, disability and premature death; and protecting the public from the harmful effects of biological, chemical and physical hazards within the environment. Services are available through the following programs: Air Quality, Childhood Lead Poisoning Prevention; Chronic Disease Prevention; Environmental Toxins/Pollution Prevention; Food Safety; Housing/ Community Environment; Infectious Disease Control; Injury Prevention; Maternal and Child Health; Women, Infants and Children (WIC) Nutrition; Plumbing; Public Drinking Water; Recycling; Sexually Transmitted Diseases/AIDS/HIV; Three Rivers Wet Weather Demonstration Project; Tobacco Free Allegheny; Traffic Safety; Tuberculosis; and Waste Management. Ronald E. Voorhees, MD, MPH, Acting Director.

333 Forbes Avenue,
Pittsburgh, PA 15213
Phone 412-687-ACHD
Fax: 412-578-8325
www.achd.net

RADIOLOGY

FOUNDATION RADIOLOGY GROUP

As one of the country's largest radiology practice, Pittsburgh based Foundation Radiology Group was founded to revolutionize the practice of radiology in the community healthcare setting. Joint Commission certified, our innovative ability to blend talent, workflow, quality and technology is designed to deliver world class imaging services to patients across the region.
For more information, visit www.foundationradiologygroup.com.

REAL ESTATE SERVICES

GRUBB & ELLIS

Let our team focus on your real estate needs so that your team can focus on providing superior health care services at your facilities. The local Grubb & Ellis office can provide your health system with comprehensive management services as well as innovative transaction strategies. We offer experienced professionals in the field of management services, which would include facility management, lease administration, financial reporting, engineering, maintenance, purchasing and construction oversight. Our national purchasing agreements can help to lower the cost of your materials and supplies. Property, plant and equipment assessments can be can be performed by our service specialists, and recommendations made related to preventive and predictive maintenance. The transaction team would assist you by creating a highest and best use analysis for your existing properties, making acquisition and dispositions recommendations, handling tenant and lessee/lessor relations, providing standardized lease templates and by being available for strategic consulting sessions. Collectively we offer an experienced and trusted group of real estate advisors who would be committed to the success of your health system as well as maximizing the value of your existing assets and lowering your operating costs. Please contact me to learn a little more about Grubb & Ellis and the potential benefits that can be offered if our teams are given a chance to work together. For more information contact:

Bartley J. Rahuba
600 Six PPG Place
Pittsburgh, Pa. 15222
412-281-0100
Bartley.rahuba@grubb-ellis.com

Prudential

Preferred Realty

Preferred NEW CONSTRUCTION

New Hours • New Model

BUILDERS Association of Metropolitan Pittsburgh
Housing Excellence AWARDS
REALTORS Association of Metropolitan Pittsburgh

We have plans...We have award winning plans... We will customize your plan!!

Starting at $264,900

New Hours:
Saturday & Sunday 11:00am -1:00pm
Thursday 5:00 - 7:00pm

For more information or an appointment call:
Greensburg Office 724.838.3660
Helene Nseir **724.454.4423**
Erin Wilkes **724.875.2130**

East Office 724.327.0444
Roxanne Mirabile **412.491.7631**
Cindee Perry **412.848.6381**

The Village at
STONEGATE

R.A. SNOZNIK Construction, Inc.

Values That Matter™

EXECUTIVE Living

EXECUTIVE Living

Upper St. Clair
$499,900

Enjoy this stylish exciting residence with unique architecture, peaked exterior, dimension and soaring two-story and dramatic vaulted rooms. This home has the wow factor! Newer construction complete with fabulous maple and granite Kitchen with Keeping Room and two-sided fireplace, two-story Foyer & Family Room, vaulted bedrooms, convenient second floor Laundry and Governor's drive. Excavated upper lot for great uses plus fire pit. The rear patio extends the width of the home providing a great entertaining area. MLS #922891

Mt. Lebanon
$849,900

A private enclave of homes situated at the end of the cul-de-sac of presents this stunning custom built stone cape "Built to Unsurpassed Specifications" - A Unique Opportunity! This home offers an additional park like professionally landscaped lot with award winning raised gardens. Handsome stamped concrete drive leads to a wide turning area and lovely rear yard. Level stamped concrete walkway accents the home and leads to front patio and sitting area creating a picturesque setting. Slate roof, newer Anderson case windows and mechanics. MLS #929172

South Fayette
$260,000

Sprawling, spacious home with terrific location, school district and views. Rare three car attached garage. Open floor plan with two-story Foyer, formal Living Room/Dining Room, eat-in center island Kitchen with door to sweeping deck, corner fireplace in graciously sized Family Room, vaulted Master with garden tub. Wet bar in Game Room plus Full Bath. Tons of storage or area for Theater Room. Ready for occupancy! MLS #922625

Karen Marshall • Keller Williams • 412-831-3800 ext. 126 • karenmarshall@realtor.com • www.TheKarenMarshallGroup.com

KELLER WILLIAMS REALTY

Karen Marshall

EXTRAORDINARY ADDRESS IN JEFFERSON HILLS!!

Stunning Residence! This magnificent four bedroom, six full baths, all brick residence offers a blend of quality, spaciousness, and an abundance of state-of-the-art amenities. The residence boasts a striking combination of open spaces for formal and informal entertaining. Principle main level rooms include: Formal living and dining rooms, a gourmet kitchen, a morning/breakfast room, a great room/family room and a private study. There are four spacious bedrooms on the upper level which includes a gorgeous master suite with sitting room and luxurious bath. The lower level highlights: neutral carpeted flooring, a gourmet kitchen, a bedroom/study, a full bath and storage rooms. Architectural delights include: exquisite designer moldings throughout, a gas burning fireplace, palladium windows, stained glass windows, french doors, pillars & columns, custom painted architectural ceilings, trey ceilings, granite, hardwood, ceramic and carpeted flooring. The impressive governors driveway and three car garage with its large turnaround area, will provide ample parking for all the family and guests vehicles. **Sellers are open to options. For more information or a private showing, please contact Maria Gillot Werner at 412-583-0909 or mariawerner21@yahoo.com.**

Maria Gillot Werner, Coldwell Banker Real Estate

#1 agent in the Pleasant Hills Coldwell Banker Office 2007, 2008, 2009, 2010 and 2011

cell: 2-583-0909 • office: 412-655-0400 x222 • fax: 412-655-0420

Like me on facebook: www.facebook.com/mariagillotwerner

COLDWELL BANKER REAL ESTATE SERVICES

HEMPFIELD TWP
$300,000

Attention History Buffs! Original log home, lovingly renovated preserving the integrity of yesteryear! Four bedrooms 2.5 baths situated on 2.9 acres. Nice addition to better suite todays lifestyle. Incredible Daylilly gardens, private & serene setting. Screened porch. Beautiful stone fireplace and more.

UNITY TWP
$495,000

Gorgeous 2 story brick home with gated entrance. Hardwood floor 2 story entry. Open 2 story family room with gas fireplace. Island eat-in kitchen with tons of storage space and room to prepare family meals. 1st floor den/office for working from home, Beautiful master suite with large walk- in closet in bath. Incredible loft area for additional family room/play room. Great space in lower level allows for entertaining in the game room and exercise room/play room as well. Covered porch overlooks back yard.

HEMPFIELD TWP
$549,000

Everything you could want and more! Beautiful marble entry leads to gorgeous top of line kitchen equipped with GE Monogram stainless appliances, gas cooktop with down draft vent, New Kohler faucets, wine frig, beautiful crown molding throughout, finished basement with wet bar, built ins all throughout, cherry cabinetry and surround in media/billard room, granite tops, marble baths, half bath in garage, extensive landscaping, great home for watching wildlife, 300amp service, New Goodman furnace and more!

Scott Ludwick
108 Old Rt 30
Greensburg Pa 15601
724-838-3660 ext 648
www.scott@scottludwick.com

Prudential Preferred Realty

Prudential Preferred Realty

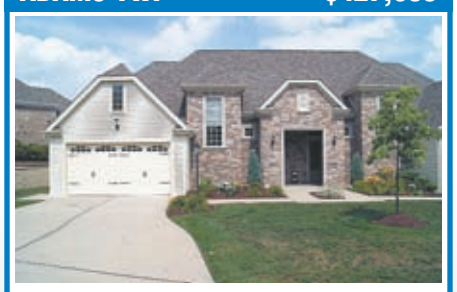
Linda Honeywill

The Trusted Name In Real Estate!

ECONOMY BOROUGH — $395,000

• Beautiful 1 year old home! • 4 Br, 3 baths
• Granite island kit & fenced rear yard
Virtual Tours at **www.HoneywillTeam.com**

ADAMS TWP — $427,500



• Low Maintenance living!
• Level patio & yard! • 3 Br, 3/1 baths
Virtual Tours at **www.HoneywillTeam.com**

ADAMS TWP — $1,199,000

• Plantation style on 4.2 acres!
• Low Butler county taxes! • 7 Br, 5/3 baths
Virtual Tours at **www.HoneywillTeam.com**

PINE TWP — $699,000

• Custom built in Heights of N. Park!
• Exciting floorplan w/ fin 3rd floor! • 4 Br, 3/2 baths
Virtual Tours at **www.HoneywillTeam.com**

HAMPTON TWP — $598,500

• Contemporary fun design!
• Authentic Swedish Sauna • 4 Br, 3/2 baths
Virtual Tours at **www.HoneywillTeam.com**

PINE TWP — $899,000

• Spacious Custom Victorian! • 6 Br, 4/1 baths
• Views over 2+ acre homesite!
Virtual Tours at **www.HoneywillTeam.com**

412-367-8000 ext. 237 • Toll Free: 1-800-245-6482 • Email: Linda@HoneywillTeam.com • www.HoneywillTeam.com

Jane and Rick

Jane and Rick were new grandparents and avid walkers. Jane suffered extensive injuries when she was hit by a car. After several surgeries, she transferred to HCR ManorCare where she received intensive medical and rehabilitation services to help regain her ability to care for herself and learn to walk again.

Jane is now back home and along with Rick enjoys taking the grand kids to the park for the afternoon.

YOUR CHOICE FOR:

- **Rehabilitation services**
- **Post hospital care**
- **Skilled nursing**
- **Long-term Care**
- **Alzheimer's Care**
- **Hospice Services**

ManorCare – Bethel Park
412.831.6050

Donahoe Manor
814.623.9075

ManorCare – Greentree
412.344.7744

ManorCare – Peters Township
724.941.3080

ManorCare – Monroeville
412.856.7071

ManorCare – North Hills
412.369.9955

Heartland – Pittsburgh
412.665.2400

Shadyside Nursing & Rehab Center
412.362.3500

Sky Vue Terrace
412.323.0420

ManorCare – Whitehall Borough
412.884.3500

www.hcr-manorcare.com

HCR ManorCare